

FOR - STATE REGISTRAR

1. DECEASED NAME

4 FATHER'S NAME

CERTIFICATION

MEDICAL

WHILE

AT WORK

22b. SIGNATURE

0

0

00

100

should be deto with the Stote IMPORTANT: I

Bernard

ARMED FORCES GIVE WAR OR

18 CAUSE OF DEATH (Enter only one couse per light for to

IMMEDIATE CAUSE (o.

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse iol, stoting the

underlying cause last.

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF

(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED

NOT WHILE

AT WORK

sow the deceased alive on

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ISTATE OF FOREIGN

ISUAL RESIDENCE (IF NURSING HOME OR OTHER II

(TYPE OR PRINT)

SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Agriesti

WIDOWED

CERTIFICATE OF DEATH

13d INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME FIRST

	REG.	NO		
2 a	DATE OF DEATH	MONTH	DAY	YE
	Hori	12	9.	198

26 HOUR UNDER I YEAR

	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	å.
	6. AGE (IN EARS LAST BIRTHDAY)	
AR	79	MC
//	YRS	

9 BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

20a AUTOPSY?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

COUNTRY?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR
ER)	P.M.		19

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21f LOCATION STREET

CITY OF TOWN

YES [

COUNTY STATE

NO [

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING

MEDICAL STAFF PHYSICIAN R DIRECTOR PHYSICIAN 22c. DATE SIGNED

22 ADDRESS

16 Murray Ave., Annapolis, MD 21401

Richard I. Hochman, M.D.

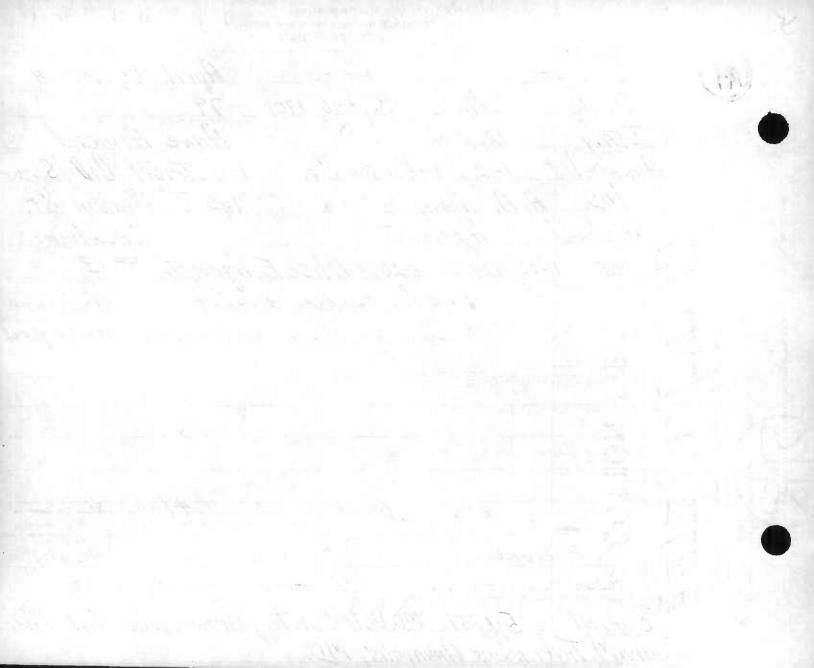
220.1 certify that (1) (this hospital) attended the deceased from

obove, (I) (we don't did not view the body ofter death

Rec

NAME OF CENTERY OR CREMATO

DHMH - 16 50M 1/76 (VR A 15 (4))

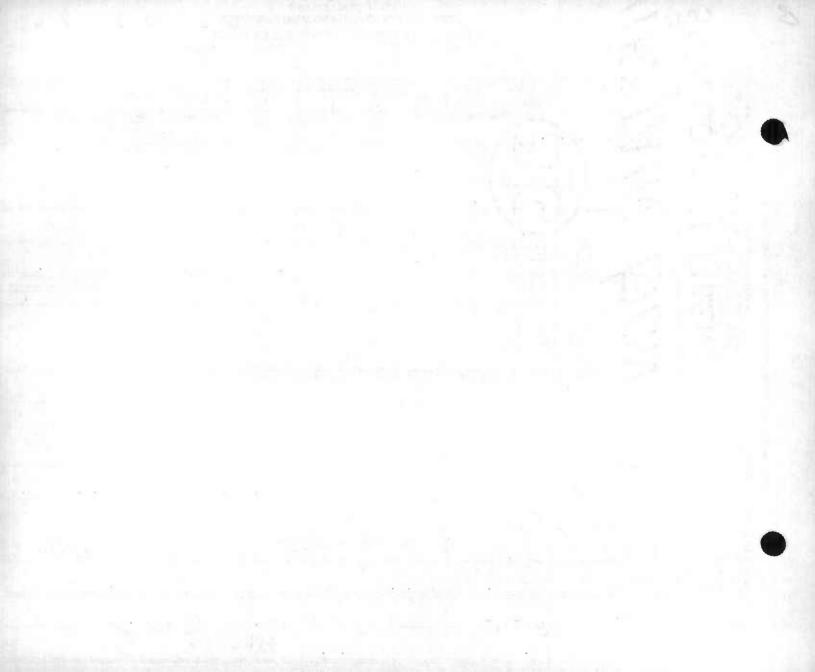


FOR STATE				ME	DICAL	EXAM	INER'S	CERTIFI	CATE O	F DEAT	CH I	1		1 8	7	9	2
HEALTH DEPT.		CEASED-NAME	F	irst		Middl			Lost		1	DATE KI	OWN	Month	Day	Year	2b. HOUR
2,	(1	ype ar Print)	9	USTA	41	J		DX	ERLA	2011		OF E	ESTI-	4	10	1987	235
L SO H	3. SE	X	4. RACE	S. DATE C			6. AGE (In year		R 1 YEAR	IF UNDER 24 HE	RS 20	. DATE PRO		DEAD	15	17 02	2d. HOUR
Give-Pages 1, . Page 5 may ent of Health		M	w		14-	20	last birthday	RS. MONTHS	DAYS	HOURS N	AłN	Month		Doy	Yeor	198/	235/2
	7a. E	BIRTHPLACE (Stat	e or foreign	7b. CITIZEN O	OF WHAT CO	OUNTRY?	-	MARRIED N	IFVER MARRI	FD 9	COLINT	Y OF DEAT	Н	4	/5	17 02	15 H
M3. Gi	conu	(ry) Oh	io	USA				IDOWED	DIVORC		1	1 17.35	0				м
urs nn 18 m PA nn PA	10. C	ITY OR TOWN O			11. NAME	OF HOSPITAL	OR INSTITUT	ION (If nat in		12a USUA	L OCCUI	PATION (Ki	nd of wor	k dane		D OF BUSI	
Md. 21201 in 24 hours il in Item 18. Giv with form PM3. P	1	Zune,	10/15		give street			No 190		during mo	st of w	orking life	even if r	etired.)	INDUSTRY	y Got	71+
Md. in 24 in in 24 with with	43a.	USUAL RESIDEN	CF (Where dec							NSIDE CITY LIMITS	37 13	le. STREET	AND NUMB	BER	CIL	, 00	
on within in pencil along wi	00	mission) STATE	øørze7	13b. COU	NTY A	1		Annapo.	lis	ES NO [112	Simm	s Dr	ive		-
BALTIMORE, be executed with pending' in pen er's Office alang I and Zwith the	14. F.	ATHER'S NAME	First	٨	Middle		Lost		IER'S MAIDEN		irst		Mide	dle		Last	
A Second		Gustav	(C) 11 11 1 1 1 1 1 1 1	J			land,	Sr.	Eliza	abeth			R.			Bruni	ner
B B B be e be e be e compens of the		WAS DECEASED EV es, no, or unknov	vn) (If yes	give war or dates of se		SOCIAL SECU		17. INFORM	ANI				AUUKE33				
PRESTON STREET, BALTIM certificate shauld be executt writing the ward "pending" ef Medical Examiner's Office permit. File pages I and Z.w.	-	Yes		VII			0-016	1		- 					I At	PPROXIMATE I	MTERVAL
should wanted		18. CAUSE OF	DEATH (Enter DEATH WAS CAU	anly ane cause	/	7 - 1	nd (c).)	- 1								WEEN ONSET	
ote ate ical		954	- 4 IMME	DIATE CAUSE (a)	_		1 (1)	do	alm						an	ail 11	-81
STC tiffic Med Med	3	Conditions, if o	inv which any		O, OR AS A	A CONSEQUE	NCE OF								1	2/2-7	2.5
PRE CET WITH		rise to immed	iate cause (a)	(b)	O OP AC	A CONSEQUE	NCE OF								1901	2/2-1	2-11
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give-Poges 1, or. Poge 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Department of Health or removal, and in any event within 72 hours after death.		stating the ur last.	iderlying cous	-)	U, UK A3 /	N CONSEQUE	NCE OF										
MER.		PART 2. OTHER	SIGNIFICANT CO	NDITIONS CONTI	RIBUTING 1	TO DEATH BL	IT NOT RELAT	ED TO THE TER	RMINAL DISE	ASE OR COND	DITION O	GIVEN IN PA	ART 1(o)				
MIT													(.,				
EXA EXA te if te if	CERTIFICATION	190. DATE OF C	PERATION		19b.		FOR WHICH	-	7	~	- 1		-		20.	AUTOPSY'	?
AL AL Gecu	TIME	april	2,198	1		WAS PERFO	KWED?	6.			1	room	1			YES 🗀	NO -
DIC DIC Se es de us	L CER	RIMARY O	CAUSE WAS	21b. TIA	IID A M	RY Month, Do		21c. HOW IN	NJURY OCCUI	RRED (Enter	nature o	of injury in	Port 1 os	Part 2, It	em 18.)		
ME ME	MEDICAL	CAUSE OF DEAT	Н		P.MO	8-11		self		belle	L. fi	uns	Cent	wai	hand		-
27 ×4 5 P	W	21d. INJURY OC		e. PLACE OF INJI	URY (At ho	ome, form, s	treet,	21E LOGATO	N Street or R	R.F.D. No.	0	City or 1	Town	,	County		State
SIO ESSG ESSG ESSG ESSG ESSG ESSG ESSG ESS		AT WORK			uilding et						an	noug	he los	2	MAC	A	MAS
DIVISI TO DEI TO DEI any delay is neces neral directar. Po yaur files. DIRECTOR: Page		22a. I	certify that	Habk charge	af the re					у 🔲,	Inspe	ctian 🔼], Inq	uiry 🖊	, an	id in my	apini ar
rectirect on,		death re	sulted fram	Natural	causes	, Ac	cident 🗌	, Suicide	≥ , H	łamicide [<u> </u>	Undeter	mined n	nanner			
Dany delay is neral direct your files. DIRECTOR:		ACTUAL	8X) 4	al				CHIEF I	MEDICAL EXA	MINER						
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r death. If 3 to the f etained fo FUNERAL r to burial	22.	NAME (Type)		whom	eav		10 OF CENTER	DV OD COST		SS(Street, city				11.	0		
	230.	BURIAL, CREMA REMOVAL (Spec	ify)	3b. DATE		23c. NA	ME OF CEMEII	RY OR CREMA	ATURY		23d. LC	CATION (C	ity or Taw	n)	(County)	(Sto	ote)
	24	Remo	oral or	4/16/	81		ADDRESS		26	PRES DABY	PEGISI	DAP.	25P BEG	SISTRAR'S	SIGNATIID	E .	
VR A15ME (5) 8M-1/70		natomy			ī	Balto.			18	ATE RZ	IE	18]	Zau. NEG	IJINAK J	NO CONTRACTOR	indy	

MARYLAND STATE DEPARTMENT OF HEALTH

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A STATE OF THE PARTY OF THE PAR		CEASED NAME OR PRINT)	-		MIDDLE	LAS	sť		TE KNOWN	MONTH		YEAR O 1	26 HOUR
EASE TOR. ILES. VURS	3. SEX		Dawn 14. RACE	5. DATE OF BIRTH	Vanessa	An EARS IF UNDE	iderson Er i yr. Tif under		ATH MATED D	MONTH	21 ,	9 81	M 2d HOUR
ECESSARY, PLEASE NEW DIRECTOR. OF OUR FILES. TON STREET,		male	negro	MONTH DAY	3,1962 18	PAY) MONTHS	DAYS HOURS	MIN PRON	OUNCED DEAD	3		19 81	8a M
ESSA MESSA	FO	RTHPLACE (S'		76 CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	IED L	LTIMORE CITY	_			
Z23651/4		hingt	on,D.C.	USA	SPITAL, NURSING HOM	WIDOWED	DIVORC	ed 🗆 An	ne Aruno			,	MD.
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NE GIVE PAGES 1, 2, AND 3 TO THE TURNEY FORM PM. 3. RETAIN PAGE T. PAGES 1 AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS. 701	Gl	en Bur	nie /	Queens to	wn Rec. Par	k	INSTITUTION	FOR MOST O	working life)	PE OF WORK	OR -	INDUSTR'	Y SINESS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY I RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN E3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD DE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORD PRIOR TO BURIAL, CREMATION, OR REMOVAL.	130. S		13) COUN Prin	TY	13c. CITY OR TOWN	13	id. INSIDE CITY EIMITS? YES 😡 NO 🗍	13e STREET A	odress Brooke	Road	d		
MD. 17.2, MA. 3.3, MD. 2.5	14. FA	THER'S NAME		MIDDLE	Anderson	- 15	S. MOTHER'S MAID		WIDDLE	Λ,	n de r	ASI O D	
TO SEN PEN	14- 14	Lee	D EVER IN U.S. ARA		Anderson	TV NO. 117	LOTTE	en .	ADDRESS		iuer	3011	
RS AFTER DEATH. GIVE PAGES 1, SIVEN FORM PM SPAGES 1 AND 2 DIVISION OF VITA	(Y	ES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	577-88-	0007	Lee V.	Anders			ooke	Rd.	
OURS OURS WIT. P MIT. P		18 CAUSE O PART I DE	OF DEATH (Enter on ATH WAS CAUSE		for (a), (b), and (c).)	w-1 4w	211000				BETWI	PROXIMATE I	NTERVAL AND DEATH
STON ST., N 24 HOUI N 17EM 18, N		91	9 IMMEDIAT	E CHOSE (O)	ranio-cereb		auma				+		
THIN THIN YER ANSIT		Conditio	ns, at ony, which se to immediate	(b)									
HOULD BE EXECUTED WITHIN 24 HOUR RD "PENDING" IN PENCIL IN ITEM 18. HIEF MEDICAL EXAMINER ALONG WITHER AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGENE, DIRIAL, CREMATION, OR REMOVAL.			stoting the under-	DUE TO, OR	AS A CONSEQUENCE	OF	· · · · · · · · · · · · · · · · · · ·			-			
PENDING" PENDING" PENDING" AEDICAL B AS A BUR HEALTH AND CREMATIC	Z	PARI 2 DTHER SI	IGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TER	MINAL DISEASE DI	R CONDITION GIVEN IN PA	ART 1 o.	-				
HEAL OF	CERTIFICATION	196 DATE OF	OPERATION	196 CONDI	TION FOR WHICH OPE	RATION WAS	PERFORMED?				20 AL	JTOPSY?	
8 1 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE											ES 🔀	NO 🗌
STAKEN STAKEN			AL CAUSE WAS G X OR NG CAUSE OF I	21b. TIME OF HOUR A.M	A. MONTH DAY YEA	R	ject was			PART I OR P.	ART 2)		
CERTIFICATE SHOULD TITING THE WORD "PEI DED TO THE CHIEF M 3.3 SHOULD BE USED A DEPARTMENT OF HEA IL PRIOR TO BURIAL, OF	MEDICAL	21d INJURY	OCCURRED	2 e PLACE	OF INJURY (AT HOME,	21f LOCA	TION			- ((DUNTY	-	STATE
WARD WARD PAGE TATE I 21201	2	AT WORK	AT WORK		ark	Queen	stown Rec	. Pk.,G	len Burr	nie,	A.A.	1	Md.
BE FORV CTOR: H H THE STYLAND,		226. I certi	1	of squies	Action S	utopsy	Homicide X	Undetermine		nd in my o	pinion		
TO MEDICAL EXAMINER: THIS CRRIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		ACTUAL SIGNATURE	4	lima	1 This	AMO	Deputy (hiæfical i	XAMINER	DATE	ED 4-	10-8	1
EDIC JTE 1 4 S MOR	-	EV A AA IN IED/C	NAME			1	1,77						
PAGE A PA		EXAMINER'S (TYPE OR PRI	NT)THC	omas D. Sr			DDRESS		111 Penr	n St.			
PAGE AFTER BALTER	23e. B	(TYPE OR PRI	TION, REMOVAL 2	3b. DATE	23c. NAME OF C	METERY OR	CREMATORY	23d. LOCATION	NC	COL		STA	TE 31
BATAR A	(5	URIAL, CREMA SPECIFY) Buria	TION, REMOVAL 2		23c. NAME OF CI	METERY OR	crematory		rel, M	:	JNTY		TE



STATE OF MARYLAND

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	irsun	227 2 702	
		V E	

Hwy. S.E.

FOR - STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

James S. Kirkley 421

NAME

DHMH - 16 60M 1/75

(VRA 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO

26 HOUR

NOF

STATE

2a DATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256 RE

Toron die a vegent false gaing en than me a marking are the second of the second o To sale .50 ment . Will G. C.L.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 6 AGE IF UNDER I YEAR 7a BIRTHPLACE . (STATE OR FOREIGN 76. CITIZEM OF WHAT COUNTRY? 9/BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED CITY OR TOWN OF DEATH HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH PACILITY, GIVE STREET ADDRESS) USUAL RESIDE 13g STATE 15. MOTHER'S MAIDEN NAME FATHER'S N 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for to PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. en ö ä PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BULLNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION ony 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED. à IN CERTIFYING CAUSES OF DEATH? YES [NO M entol Hygin 7 In ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 iol-froi HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINERS P.M ō 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1 STREET WHILE NOT WHILE AT WORK 220 1 certify that (1) (this haspital) attended the decepsed from and that in (my) pour) opinion death accurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body ofter death, DIRECT 22b. SIGNA DEGREE 22c. DATE SIGNED + ATTENDING ~ MEDICAL ild be deta the State PHYSICIAN DIRECTOR PHYSICIAN 22d. DENSICIAN'S HAME (TYPE OR PR 22e ADDRESS IMPORT, AMARIAS BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d.

DHMH-16 30M 2/80 (VRA 15, 4) FUNERALDIRECTORY ICKS III ATTENDA BOLLS NE 100 25 1981

My Alp. Amapulux X 25 Pargle St. John WILLIAMS LANGEJANG PREEDS AVA CONTRACTOR BY AA ELEGENEY PROGRAM ANGELING AAND I HICKS I AMERICAN DOLL IN DE LANGE EN LE 27 ST. H. Z.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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	REGISTRAR	FIRST	MED	MICAL EXAMIN		ERTIFICATE (OF DEA		REG.	NO.	TH DAY	YEAR	21 110112
	PE OR PRINT)	Dea	n 1	Robert			165.70	OF DEATH A	ESTI-	MONI			26 HOUR
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OCKITAL RECORDS, 201 W, PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION MEDICAL CERTIFICATION	x male	4 RACE White	5. DATE OF BIRTH	6. AGE (IN YEA	RS IF UN	DER I YR. IF UNDER	R 24 HRS.	2c. DATE		MONT		YEAR	2d HOUR
	IRTHPLACE (ST		July 23	,1951 29'R				9 BALTIMO	DE CITY	4		, 81	M
/ C	hicago	,I11.	U.S.A		WIDOW		ED A	A	nne	Arun	del Co	unty	
San		StatePk	Body wast	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)	n bas	/	12a. USU FOR A	ALOCCUPA OST OF WORKI	ney	YPE OF WOR	OR I	OF BUS NDUSTR'	INESS Y
7 130.5	D.C.	136 COUN	ROTHER INSTITUTION, GIV TY	RESIDENCE BEFORE ADMISSION IS CUITY OR TOWN WASHING T	on /	13d INSIDE CITY LIMITS? YES A NO	13.53	ADDRES	lst	.St.	N.W		
	ATHER'S NAME FIRST Clar	ence A.	MIDOLE Benson	LAST				Suthe	rla	nd	Į.A.	ST	
1	WAS DECEASED YES, NO, OR UNKNO NKNOWN	EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY		Clarence	e A.	Bens	ADDRES	54 H	ay S	t.	
NO	gave ris couse (o) lying cou	is, if ony, which e to immediate stating the <u>under-</u> se last.	DUE TO, OR A	rowning AS A CONSEQUENCE O AS A CONSEQUENCE O UT NOT RELATED TO THE TERMI	F	DR CONDITION GIVEN IN P	ART 1 (a).						
MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ON FOR WHICH OPERA	TION W.	AS PERFORMED?					100	TOPSY?	NO []
AL CERT	UNDERLYING CONTRIBUTION	NG CAUSE OF D	EATH ? P.M.	MONTH DAY YEAR 1/9/ 1981	ju	mped from				I8 PART I OR		- AKV	
2	21d. INJURY C	NOT WHILE	21e PLACE O STREET, FACTO	PINJURY (ATHOME, DRY, FARM, ETC.) ay bridge		ration Preston	Lane	CITY OR TOWN	N of da	ο Δ	A Co.	P	Id.
MEDIC	WHILE AT WORK	AT WORK		7				Day D	Trag	,c A			
WEDIC	220. I certification of the control	y that I took chorged from: Natur	e of the remains described for the remains d	ribed abave, held on Accident , Suid	Autops ride	Hamicide TITLE (SPECIFY) ASSISTAT D.	Undete	Inquiry [nner NER	DAT	opinion TE Z NED	·/10/	/81
2	death resulted ACTUAL SIGNATURE _ EXAMINER'S I	y that I took chorged from: Natur	rmez R. Gu	ard, M.D.	M. ETERY OF	Homicide TULE (SPECIFY) ASSISTAT D. ADDRESS 111Pe	Undete	Inquiry [nner NER	DAT SIG	opinion TE Z NED	Pa.	

Fline Engral dore Reinterstown, Md. 20136 APR 15 1981 Forestown, Md. 20136 APR 15 1981

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.
deoth	DECEASED NAME FIRST MIOOLE LAST VE OR PRINT) TOHN F BERGER 20 DATE OF DEATH MONTH OAT YEAR 26 HOUR 2:00
100	SEX MAIE 1 RACE 1 RA
M	BIRTHPLACE (STATE OR FOREIGN USA 176 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19/BALTIMORE CITY OR COUNTY OF DEATH WIDOWED X DIVORCED
3	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (170E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Cappenter
	13c CITY OR TOWN Baltimore YES NO 13e. STREET ADDRESS 3822 10th. St. Bk.
300	Calvin F. Berger 15 MOTHER'S MAIDEN NAME Walter
medical	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 186-07-5422 Lucina Price, 1 Harriet Dr. Glen Burnie.
is signed by the attending process temove corbon to buriol, cremotion, or ren njury, or other troumotic ev	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). Letherne' head: Useeff, Christian and Contributing to the state of the terminal disease or condition given in Part 1 (a).
ene prior	Scheng' heart : Cliseary Clistary Clis
A Mental or Item	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITYOR TOWN COUNTY STATE
TO FUNERAL DIRECTOR, After the should be detached for use as the with the State Dept. of Health on IMPORTANT: If frem 21 is marked	WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (I) (thus hospital) attended the deceased from 2 3 1981. That (I) (we) sow the deceased alive an 12 1981. That (I) (we) sow the deceased alive and that (I) (we) sow that (I) (we) (iii (I) (we) (iii (I) (we) sow that (I) (we) (ii
O 6 4 4	In. BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION

the second the report industrial principle agreement that a ाय - ५३वेड्र व्यक्तिया स्थाह, जात्वस्थाती व विद अल्ब्रेस, cando and its elections, where A THE SHOOT STORE OF A PROPERTY OF THE SHOOT STORE OF THE SHOOT STORE OF THE SHOOT STORE OF THE SHOOT OF THE SHOT OF THE SHOOT OF THE SHOOT OF THE SHOOT OF THE SHOOT OF THE SHOT OF THE SHOOT OF THE SHOOT OF THE SHOOT OF THE SHOOT OF THE SHOT OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH LAST

- STATE REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2h HOUR (TYPE ORPRINT) **EDWARD** BIDEN 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4. RACE DATE OF BIRTH SEX MONTH DAYS Male 1899 White 82 BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION General Forman E. Company JUSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 21090 13e STREET ADDRESS 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 6227 Groveland Road Linthicum, Marvland Anne Arundell Linthicum 1 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Moss Biden Charles Biden Lowman MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Einthicum, Md. 21090 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-6083 Olivia R. Biden 6227 Groveland Road YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS LISED 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE Mores 22a. I certify that (1) (this haspital) attended the deceased from sow the deceased alive on . and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

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MPORTANT: should be owith the St

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

FOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

230. BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

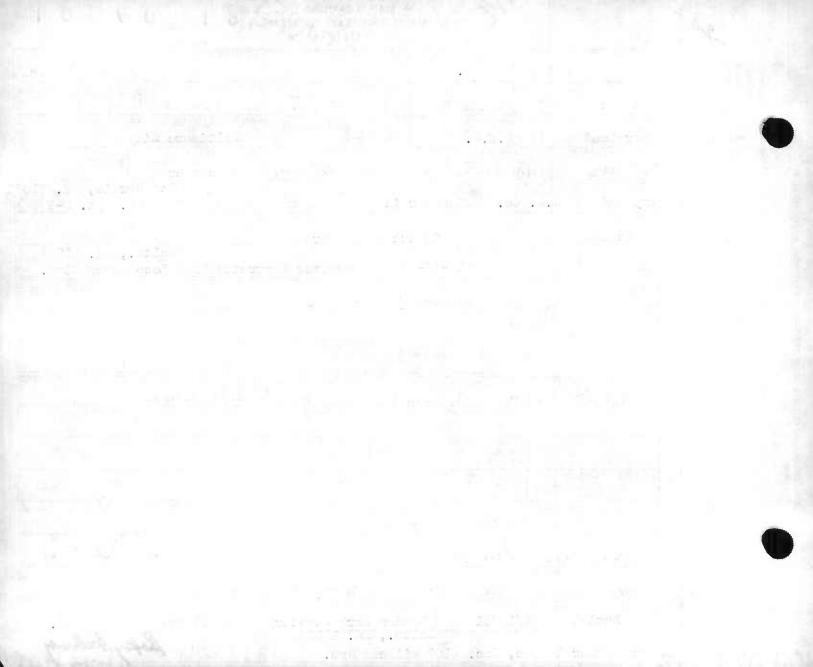
4/9/81

Cedar Hill Cemetery Balto., Md. 21229

23t. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Brooklyn Pk.



15M 2/80

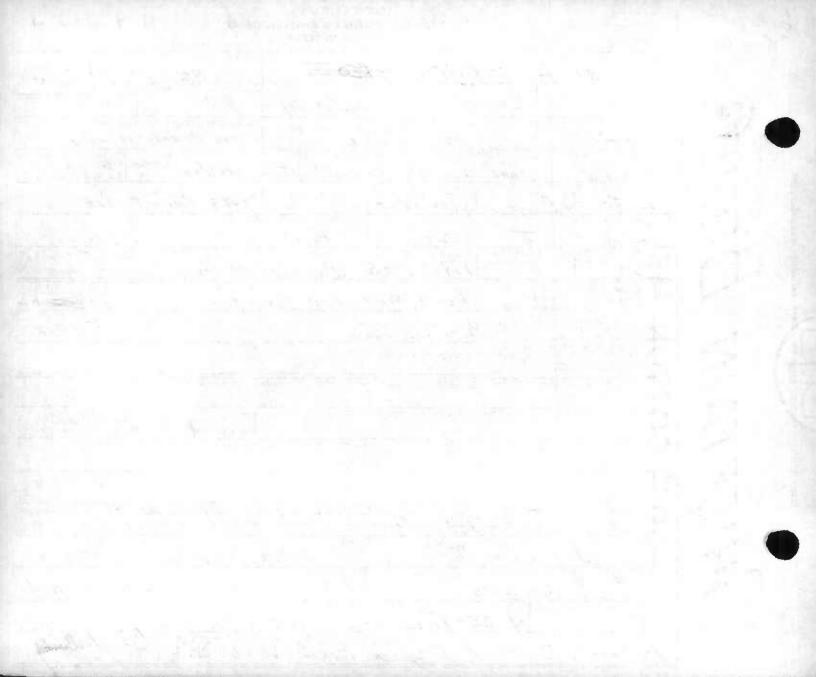
STATE OF MARYLAND

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3. SEX 4. RACE S DATE OF BIRTH (ASTE SHIPLAN) 3. SEX 4. RACE S DATE OF BIRTH (ASTE SHIPLAN) 4. RACE S DATE OF BIRTH (ASTE SHIPLAN) 5. DATE OF BIRTH (ASTE SHIPLAN) 6. AGE (IN YEAR) 72 YES 74. LIFUNDER 1 YR. 75 DATE 76. DATE 76. DATE 77. DATE 78. ALLOCCUPATION 17. INFORMANT ADDRESS 79. ALLOCCUPATION 18. SUSTINGTON 19. ALLOCCUPATION 19. ALLO		500	200	500			TATE OF MARY		1	0 0	0 0
DECEASED NAME TOTAL NAME		STATE	- STATE	- STATE					DEATH	0 9	UU
SEX 4. RACE S. DATE OF BIRTH S. DATE OF BIRTH S. S. DATE OF BIRTH S. D	FIRST	CEASED NAME FIR	. DECEASED I	DECEASED NAME FIRST	FIRST		LAST	IIICATE OF I	70. DATE KNOWN		DAY YEAR
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The Department of Country	AACOLICIA	X 4. RACE	SEX	SEX 4. RACE	ALCOHOLD .	DAY YEAR LAST B	RTHDAY) MONTHS I DA		PRONOUNCED	MONTH	DAY YEAR
MARRIED NEVER MARRIED NE		IRTHPLACE (STATE OR	a BIRTHPLAC	BIRTHPLACE (STATE OR			18 -		- 9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH
SOURCE CRASSING NOW SUCCESSED NOT SUCCESSED NOW STREET ADDRESS FOR MOST OF WORKING LIFE								m .			
136. COUNTY	(IF NOT I	/ /	0/	7/ R -	(IF NOT II	IN SUCH FACILITY GIVE STREET ADDE	(SS)	11		TYPE OF WORK	12b. KIND OF BUS OR INDUSTR
14. FATHER'S NAME MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE		STATE 13b. Co	3a. STATE	a. STATE 13b. COL		113c. CITY OR TOV	/N 13d IN	ISIDE CITY LIMITS? 136	street address 7942 Teleg	raph Ro	oad
100 100	MIDDLE				MIDDLE	TZAL		OTHER'S MAIDEN N	IAME	_	LAST
Top Constitution County											1031
18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		YES, NO, OR UNKNOWN) (IF YES,	(YES, NO, OR U	(YES, NO, OR UNKNOWN) (IF YES, G			JRITY NO. 17. IN	FORMANT	ADDRE	ESS	
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under- lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR	TH (Enter only one cours				H (Enter only one cours	se per line for (a) (b) and (a)	\				APPROXIMATE I
PART 2 OTMER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTMER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTMER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTMER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO OEATH BUT NOT WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS	any, which immediate (b	gave rise to immed	gov	gave rise to immedia	iny, which immediate (b		ICE OF				
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING					the under- OUE	E TO, OR AS A CONSEQUEN	ICE OF		\$		
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ATWORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry Accident Accident Signature Actual Signature Actual Signature Examiner's Name (Signature Signature) EXAMINER'S NAME (Signature) EXAMINER'S NAME (Signature) DATE SIGNATURE EXAMINER'S NAME (Signature) EXAMINER'S NAME (Signature) DATE SIGNATURE EXAMINER'S NAME (Signature) EXAMINER'S NAME (Signature) DATE SIGNATURE EXAMINER'S NAME (Signature) EXAMINER'S NAME (Signature)	ATION 19b.	190. DATE OF OPERATION	19a. DAT	19a. DATE OF OPERATION	TION 19b.	CONDITION FOR WHICH	PERATION WAS PER	RFORMED?		-38.0	20. AUTOPSY?
UNDERLYING OR	A CONTRACTOR	00 F (ep 14)	TER	¥							YES 🗆
AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE	OR HC	UNDERLYING OR			OR HO	OUR A.M. MONTH DAY	/EAR	JURY OCCURRED (F	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART	T 2)
22a. 1 certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE	RED 21e S1	21d. INJURY OCCURRED	21d, INJU WHILE AT WOF	21d. INJURY OCCURRED WHILE AT WORK AT WORK	RED 21e	PLACE OF INJURY (AT HON	E. 21f LOCATIO	N	CITY OR TOWN	COUP	NTY
ACTUAL SIGNATURE DALLAS M.D. Deput of MEDICAL EXAMINER SIGNED_ EXAMINER'S NAME SIGNED	I toak charge of the rem		100		toak charge of the rem	mains described above, held	an Autopsy	, Inspection	Inquiry \Box ,	and in my api	nian
SIGNATURE M.D. Deput 4 MEDICAL EXAMINER SIGNED_ EXAMINER'S NAME EXAMINER'S NAME SIGNATURE SIGNA	n: Natural causes	death resulted fram:	death r	death resulted fram: No	Natural causes	. Accident .			Indetermined manner],	
EXAMINER'S NAME (5) LANGET	aus aus				m) aus	Ins.	M D A	1 4	MEDICAL EXAMINED		4.1216
	ELinhi	EXAMINER'S NAME	EXAMIN	EXAMINER'S NAME	ELINA	next	ADDRE	0	Medical examiner	signed of	hul
236. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23f. LOCATION CITY OR TOWN COUNTY		URIAL, CREMATION, REMOV	30.BURIAL, CR	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREA	MATORY 2	M. LOCATION CITY OR TOWN	COUNT	TY STA
Removal 4/14/81 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGN	1 4/14/				1 4/14/	/81		1250 DATE PEC	D BY REGISTRAD 175% DE	GISTRAD'S SH	GNATUPE
24. FUNERAL DIRECTOR NAME Anatomy Board Balto., Md. 250. DATE REC'D. BY REGISTRAR'S SIGN ADDRESS	w.ā 1	NAME	NAME	NAME	- A			420	21 1981	ELS CONTRACTOR	10 · ·

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FOR - STATE

REGISTRAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN DHMH - 16 50M 1/BI (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER I YEAR

Y OF DEATH

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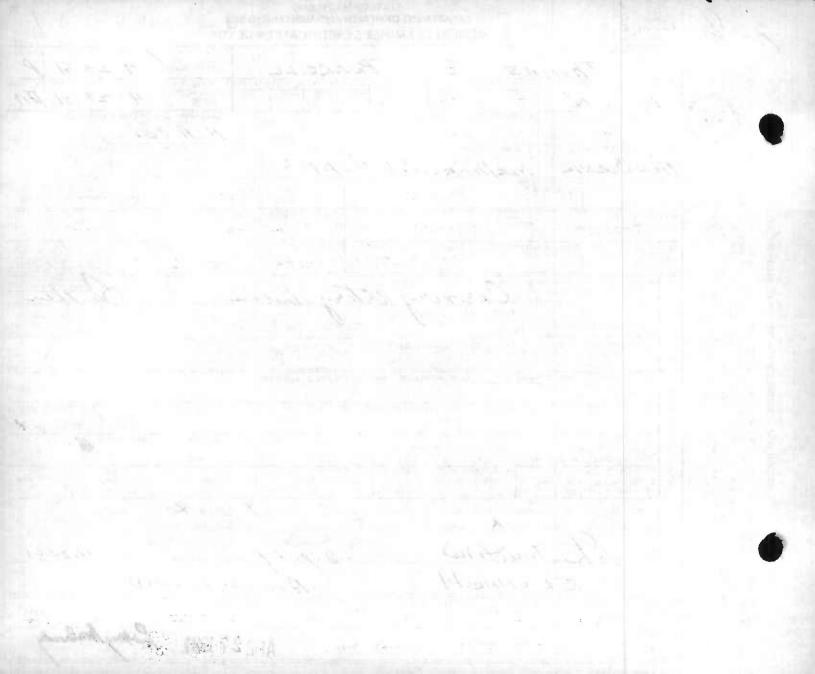
W. PRESTON ST.

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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11-	FOR	DEPARTMEN	STATE OF MAR	ID MENTAL HYGIE	NE I	0 0	0 0	7
1.	STATE REGISTRAR			TIFICATE OF DE	ATH	, NO.	0 0	
	CEASED NAME FIRST	ARS E	BOR	CCLL	20. DATE KNOWN OF ESTI- DEATH MATED	монтн	DAY YEAR 23 195/	2b. H
0, SE	M N		GE (IN YEARS IF UNDER ST BIRTHDAY) 42 YRS.	1 YR. IF UNDER 24 HR.	PRONOUNCED DEAD	4 7	23 15/	2d. H
7a 8	HETHPLACE (STATE OF DEEKIN COUNTRY) VA	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED : WIDOWED			0.	OF DEATH	
191	EN BURNIE	11. NAME OF HOSPITAL, NURSING	lel. Hasp	ISTITUTION 120 U	SUAL OCCUPATION OR MOST OF WORKING LIFE)	(TYPE OF WORK	OR INDUST	
13a. S	MD MD	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13. CITY OR TO Balti	more 13d		1418 Dec	ker Av	renue	
)	Preston	Burrell Burrell		Josephir	ie widdle		Ward	
16a. \	MAS DECEASED EVER IN U.S. AF (ES, NO, OR UNKNOWN) (IF YES, GIV NO	E WAD OR DATES)		arbara A.	Burrell)enham	Ci
NOI	gave rise to immediate cause (a) stating the <u>under</u> lying cause last. PART 2 OTHER SIGNIFICANT CONDITION			ONOITION GIVEN IN PART $1\ \langle u \rangle$.				
CAT	19a. DATE OF OPERATION	Transcourage recognition						
			H OPERATION WAS F	ERFORMED?			20. AUTOPSY	NO
ICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY F DEATH P.M.	YEAR 21c. HOW	NJURY OCCURRED (ENTI	R NATURE OF INJURY IN ITEA	a 18 Part I OR Part	YES 🗆	
MEDICAL CERTIFI	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY F DEATH P.M.	YEAR 21c HOW	NJURY OCCURRED (ENTI	R NATURE OF INJURY IN ITER	n 18 Part 1 On Part Coun	YES T	



		FOR STATE	18 a- 22a F	A V	DEPARTMI		TH AND MEN		ATL) 9	008
20 00 00 E		REGISTRAR CEASED NAME OR PRINT)	_	ystal	WIDDLE		utina	ATE OF DEA	REG. 20 DATE KNOWN OF ESTI- DEATH MATED	нтиом 🔲 1	DAY YEAR 25. HOUF
APP PER PER PER PER PER PER PER PER PER P		emale RTHPLACE (S	4 RACE white	5. DATE OF BIRTH MONTH DAY NOV. 1.7	1980	YRS.		HOURS MIN.	2c. DATE PRONOUNCED DEAD	4 18	19
B 2 2 2 5	FC	Mary I	and	USA		WID		DIVORCED	1	runde 1	County
DELAY IS 3 TO THE N PAGE 3 BE FILED 205, 201	I	ort Me	ade /	(IF NOT IN SUCH FA	erough	Army Ho	spitál		MOST OF WORKING LIFE)	(TYPE OF WORK	17b. KIND OF BUSINESS OR INDUSTRY
FETAIL SHOULD	13a S	Md	13b CAA	ATY	odent	R TOWN	13d INSIDE CITY YES		10 Annapo	lis Roa	ad
VORE, MD. R DEATH. IF AGES 1, 2, RM PM 3. I AND 2 S I OF VITAL			Michael :		LAS		FIRS	Jeannie	MIDDLE	allen	LAST
BALTIMORE. S. AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OFV	16a. V	ES, NO, OR UNKNI	ED EVER IN U.S. AR OWN) (IF YES, GIVE	WAR OR DATES)	16b SOCIA	L SECURITY NO.	Mich	ael Buti	na same	as abov	ve
IL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FA MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE ED AS A BURIAL - TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED HEALTH AND MENTAL HYGIEINE, DIVISION OF WIAL RECORDS, 201 AL, CREMATION, OR REMOVAL.	NO	Canditio gave r cause (a lying car	ans, if any, which ise to immediate t) stating the <u>under</u> use last.	TE CAUSE (a)	AS A CONSE	QUENCE OF		IVEN IN PART 1 (d)			BETWEEN ONSET AND DEATH
OF VITAL REC OF VITAL REC E WORD "PEN THE CHIEF MEE ID BE USED AS WENT OF HEAL TO BURIAL, CR	CERTIFICATION		F OPERATION AL CAUSE WAS				I WAS PERFORME	_			28 AUTOPSY? YES X NO
DIVISION OF HIS CERTIFICATE WRITING THE WARDED TO THE ARDED TO THE ARDED TO THE ARDED STATEMENT ARDED STATEMEN	MEDICAL CE	UNDERLYING CONTRIBUT	G OR ING CAUSE OF	DEATH P.M.	MONTH D	AY YEAR 19 AT HOME, 21f	LOCATION STREET	CCURRED (ENTER	NATURE OF INJURY IN ITEM	_	UNTY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIFF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		27a. I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ify that I took chapted from: Note	y of the rymans des y of the rymans des y of the rymans des y of the rymans des y of the rymans des	Accident Guard,	Suicide M.D.	Hamicida TITLE (SPE M.D. Assi ADDRESS	CIFY) istant _{MEC}	Inquiry Itermined monner DICAL EXAMINER Street, Ba	DATE SIGNER	4/18/81
Bb———	- (:	Bur		April 22,		ME OF CEMETER Glen Ha	OR CREMATOR	СПУ	Glen Burr	nie, Ma	aryland STATE
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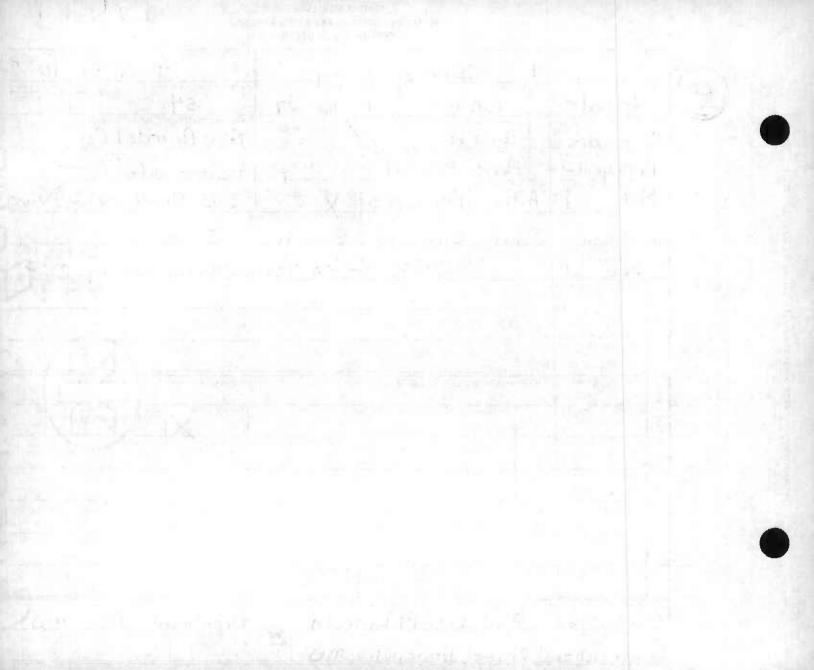
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5	Ia.	le Whi	ite	5. DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UI		R 24 HRS. 20	DATE RONOUNCED	MOI	NTH DA	Y YEAR	2d HOU
	BIR	THPLACE (STATE OR	W	May 24		YRS.			DEAD BALTIMORE C	TIV OP CC	2.6	19	PI
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9	2/6	ORTOWNOFDE	E	KEAT IN	SPITAL, NURSING HOLACILITY GIVE STREET ADDRESS	das	nifa L	120 USUA FOR MO BUS	LOCCUPATION STOF WORKING LIFE Drive	(TYPE OF W	ORK 12b.	OR INDUST	SINESS RY
30	Ma.	RESIDENCE (FINAL Tyland	URSING HOME OF	rother institution, or y Anne undel	13c. CITY OR TOWN Linthic	cum	13d INSIDE CITY LIMITS? YES NO X	13.8785	S Ca	amp M	leade	e Rd.	
_		HER'S NAME FIRST		WIDDLE	Carlin		15. MOTHER'S MAID		MIDDLE		777	\ \text{last} \ \text{now} \ \text{r}	
		Wrence AS DECEASED EVER	RIN U.S. APA	AED EORCES?	Carlin	ITY NO	Minni 17. INFORMANT		ADI	ORESS			L
94	{YES	NO, OR UNKNOWN)	N/A	VAR OR DATES)	579-05-4		Mrs. An	(wif	-		Same #	as 13	
	T	8 CAUSE OF DEAT	TH (Enter only	y one cause per lin	e far (a), (b), and (c).)	1	. 1 1	,			86	APPROXIMATI	E INTERVAL T AND DEAT
		11000		E CAUSE OLIVE	kruseler	alic	620	-			9/	ulb	w
		Conditions, if	ony, which	DUE TO, OF	R AS A CONSEQUENC	OF							
		gave rise ta couse (o) stating	immediate	(b)	R AS A CONSEQUENC	OF .							
		lying couse last.		(6)	CAS A CONSEQUENC	. Or							
7		PART 2 OTNER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a).					
CEPTIFICATION		% DATE OF OPERA	ATION	1196 COND	ITION FOR WHICH OP	RATION	AS PERFORMED?				In	. AUTOPSY	
IFIC			Tippil	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							20.	YES 🗆	NO
		10 EXTERNAL CAU		21b. TIME O	F INJURY	21c. H	OW INJURY OCCURR	ED LENTER NA	TURE OF INJURY IN IT	TEM 18 PART 1	OR PART 2)	160	NO
LAN	3	INDERLYING U	CAUSE OF D	EATH P.A	۸. 19		7.5						1 22
MEDICAL	MED	1d. INJURY OCCUR WHILE NOT	WHILE -		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY	That	STATE
	-	WHILE NOT	VORK								1112	3,50	
			_	1	scribed above, held on	Autap		on 🗾	Inquiry.	ond in m	ny apinian		
		deoth resulted from	1	l couses ,	Accident L.,	vicide	, Homicide ,	Undeter	mined manner				
		CTUAL GONATURE	heil	aust 10	-	A	D. Depoy 9	MEDIC	AL EXAMINER	D	ATE 7	1,26.8	1
		XAMINER'S NAME	EI			"	6		1 1 C	20	O'NED		
		TYPE OR PRINT)	1.1.	UHARDI	/		ADDRESS Un	nop	ally,	v×			
130.	(SPE	Burial		/29/81	Meadow	ridae	Mem. Pk	23d, LOC City or F. 1 L	ridge	HOT	vard	Mc	ATE .
		ERAL DIRECTOR	ef 4	Plankin	an		25e. DATE		EGISTRAR 256.				
-	ir	igleton	Fune:	ral Hom	e,Glen B	arnie	e,Md.	APR 2	7 1981	pro	Tyl	ALGERA	7



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1921 A S.J. Service				

	1-	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 1 0	9011
7	(TYPE	OR PRINT) PEOUL	Irene	Cherry	20. DATE OF DEATH MONTH	21 81 26 HOUR A
MI	3. SE)	female	white	DATE OF BIRTH MONTH DAY YEAR 1 0 27	6 AGE (IN YEARS LAST BIRTHDAY) 54 YRS	MONTHS DAYS HOURS MIN.
ot out	C	anada	,	MARRIED NEVER MARRIED WIDOWED DIVORCED	I finne tiruna	le Co. MD.
S Office	f	nncyoll 3	11. NAME OF HOSPITAL, NURSING AFROTIN SUCH FACULY, GIVE STREETING HINDE	Gen Hosp	(TYPEOF WORK FOR MOST OF WORKING	
SE BE	134	A RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ALL STATES OF TOWN	1 13d INSIDE CITY LIMITS?	130. STREET ADDRESS MINE	ricana Drive
Ox21	14. FA	THER'S NAME	Sanda	15. MOTHER'S MAIDEN N	Jane	LAST
medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURI E WAR OR DATES) 037-28	9912 - DK VI	non Richard C	berry 13
event, the		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and (D BY: E CAUSE (a) (A & C & C & C & C & C & C & C & C & C &	. /		BETWEEN ONSET AND DEATH
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ather		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	CE OF		
njury, d	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TER	minal disease or condition (SIVEN IN PART 1(a)
shows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
or Hem 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	18 PART OR PART 2)
marked or th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	211 LOCATION	CITY OR TOWN	COUNTY STATE
21 is mar		220 I certify that (I) (this haspi	tal) attended the deceased from		n death accurred on the date and h	. 19, that (I) (we) last nour and from the causes stated
If Hem		22b. SIGNATURE	en L. E. L.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	224 DATE SIGNED
with the State Dept. IMPORTANT: If them		224 PHYSICIAN'S NAME (TYPE O	-	22e. ADDRESS		
3 &		specify)	236 DATE 23 1981 +	ME OF CEMETERY OR CREMATORY	Brentwood	P.G. MISTATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 7a DATE KNOWN MONTH TYPE OR PRINTI OF ESTI-Chester.Jr Lawrence Mitchell 3 10 81 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS HĨMŌM 26 HOUR SEX . DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED male white 10 81 5:00 28 1954 26 DEAD 11 In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY Anne Arundel County U.S.A. Maryland DIVORCED WIDOWED AND 3Th RETAIN PAGE O BE FILED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Shady side County Pier Annapolis BrickLayer Appren. Union USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136, COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? Baltimore Parkville YES 🗌 NO K 3108 Acton Rd. 21234 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Cynthia Lawrence Mitchell Chester Sr. Lee 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 1 (IF YES GIVE WAR OR DATES) 213/66/7564 Lawrence M. Chester Sr. same as 13e. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY CUITE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCL IN TIEM IS A SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONS FUNEAL DIRECTOR PAGE 3 SHOULD BE USED AS A BURIAL "TRANSIT FRANTER FROM THE REAL MITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, TIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o) Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES SZ NO 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 71c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 11:15MPM 3/29 CONTRIBUTING CAUSE OF DEATH 1987 jumped from bay bridge TIE PLACE OF INJURY JATHOME 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OF TOWN NOT WHILE AT WORK bay bridge/WmPrestonLaneMemBridge Anne ArundelCo.MD AT WORK AutopsyXX 22a. I certify that I took charge of the remains described above, held an and in my apinian death resulted from: Suicide XX Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 5/1/81 SIGNATURE SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. AFTER ADDRESS 111Penn Street Balto MD 21201 (TYPE OR PRINT) 0 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation 5/2/1981 Loudon Park Cemetery Baltimore, Maryland BP 74 FUNERAL DIRECTOR 75a. DATE REC'D. BY REGISTRAR 256 REQUI **DHMH-17** 1981 (VR A15 ME (5)) Walter Brooks Bradley Inc. Balto., Md. 15M 2/80

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

APR 1 5 1981

10	1	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		09014	
ψ		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR	-
oge 3 death	(TYP	E OR PRINT) Meli	in R.	Cole	April 3.	1981	1
moy be	3. SE	X	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 H	RS.
sofo		Male	White	June, 22, 1904	76	YRS DATS HOURS MI	4
MAR	To B	IRTHPLACE (STATE OR FOREIGN OWNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	ED U	or county of DEATH	
	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	ON 120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION 126 KIND OF BUSINESS (OR
ors o		sadena		ve. Pasadena, Md.	(hauf f	eur	
filled in	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR		13d INSIDE CITY LIA Z YES NO	AITS? 13e SIRFET ADDRESS	ing Ave. Pasadena, Mo	1.
pletely nd 2 sh	14 F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIL	WIDDIE	LAST	
mo Com	160	Harry -	RMED FORCES? 166 SOCIAL SECU		zabeth	RESS Welsh	_
Poges medico		YES, NOOR UNKNOWN) (IF YES, GIV	214-03-4	5194 Mrs. Bess	ie M. Cole, Same	as above	
ol. the		18 CAUSE OF DEATH Enter or	nly one cause per line for in , (b on	de: A	41	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	тн
phy		PART I. DEATH WAS CAUSE IMMEDIA		ke Carcina	a y the re	Um 2 mmils	1
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te hos beer sit permit	CERTIFICATION	190 DATE OF OPERATION	. 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPŠÝ? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
iol-tronsit per nitol Hygiene em 18 shows	CER	210. ACCIDENT WAS UNDERLYING			OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18, PART 1 OR PART 2)	
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d Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION STREET	CITY OF TO	OWN COUNTY STATE	
h an	2	AT WORK AT WORK	, Tome, order, racroat, Orrice, I	Est -	w. 1.	02 01	
S. All		220.1 certify that (1) (this hosp	ituli attended the deceased from_	1 St Herry 25 19.	81 10 cyce) 19 01 , that (I) (wet)	Os
for of H	10	sow the deceased alive on above. (1) (we) (did) (dud no	Tiview the body ofter death.	, and that in (my) (cor)	opinion death occurred on the	date and hour and from the couses stated	
iked ept.		226. SIGNATURE	0 111	DEGREE		22t DATE SIGNED	
detacl detacl ote Do		1.11.1h	Jacq blen	M. D ATTENT		AFF ICIAN [] 9/3/8/	
III 9 IO 5	1	22d. PHYSICIAN'S NAME (TYPE C	DR PRINTY / .	22e ADDRESS	1 1:00	10-1 11	7
should be de with the Stot		17,187.11C	Laughlin	m.D. 3708 /1/	run tion (Kel-	Pasaduus mer	
⊢ 5 5 ≤	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMA	ESTY OF TOWN	couply / Jaran	
	24.5	Burial	April 6, 1981 1	oudon Park (em	etery Daitimo	one, harutand	_
OM 1/75 (4))	Ma	UNERAL DIRECTOR Cully Funeral H	lome 130 & FORT	Ave. Balto. Md.	APK *** 7 1981 **	hatten some	
	1/10	any rate and 11	one, To Car olde /	It estates in the			

STATE OF MARYLAND

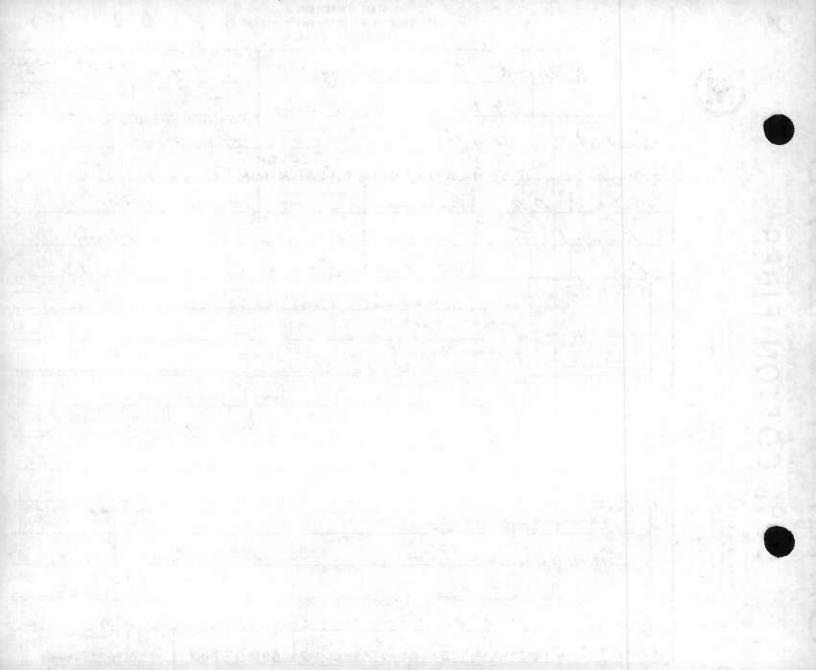
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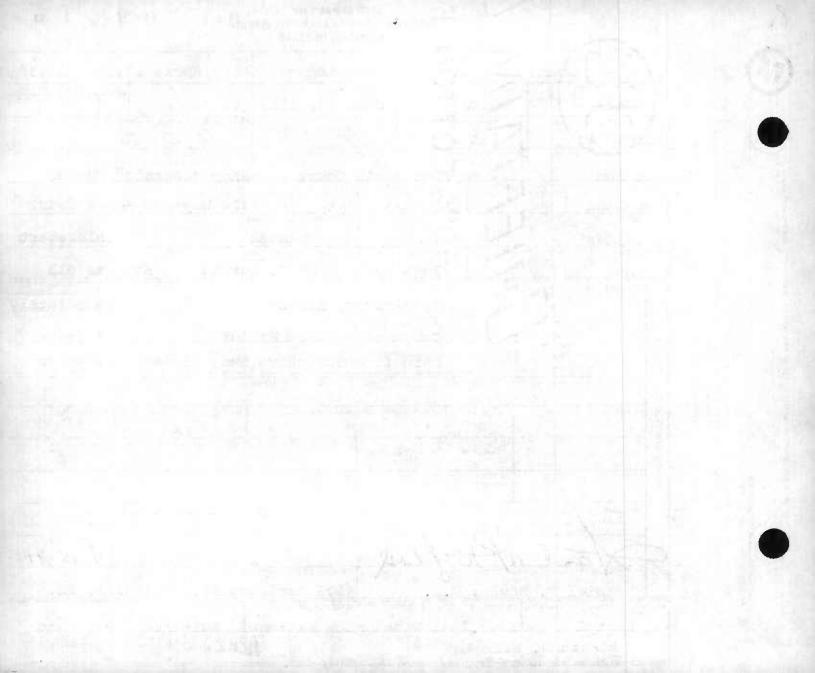
Severna.

Darranco

(VRA 15, 4)

STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2n DATE OF DEATH 3:15 AM **EDNA** CREW APRIL 4,1981 BLANCHE 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR White Female 1892 88 YRS 18. Nov. TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY U.S.A. Pennsylvania WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Homemaker Own Home 13b. COUNTY Anne 13c. CITY OR TOWN Arundel Glen But 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 7947 Roxbury Drive Maryland Glen Burnie 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Libby Lewis White W. Melissa G. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Daughter Same as (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) None Florence E. Garrity Mrs. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 20a. AUTOPSY? 20h IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NOL 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YE AR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b SIGNATURE DEGREE 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MUSTAFA C. OZ, M.D.

DHMH-16 30M 2/80 (VRA 15, 4)

Singleton Funeral Home

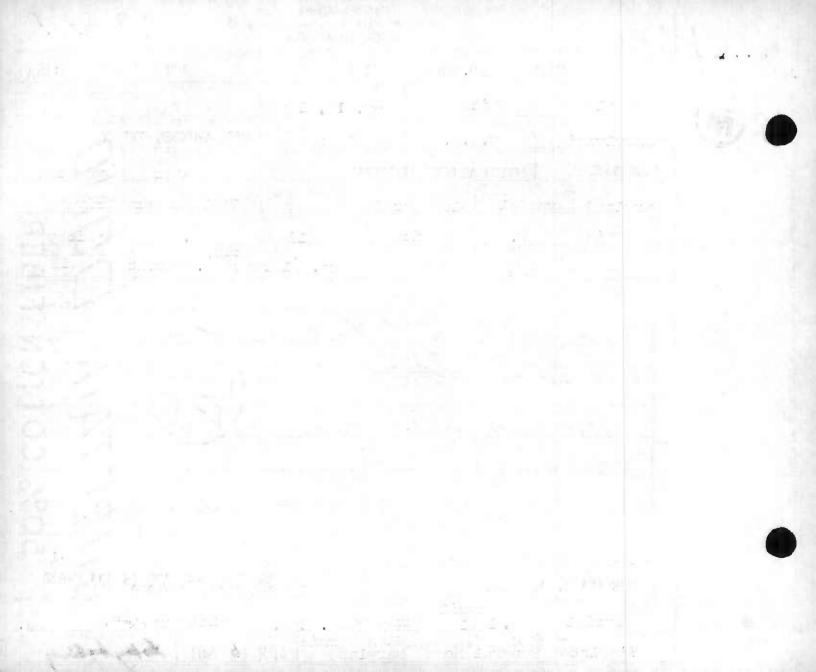
23b. DATE April

230. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Baltimore

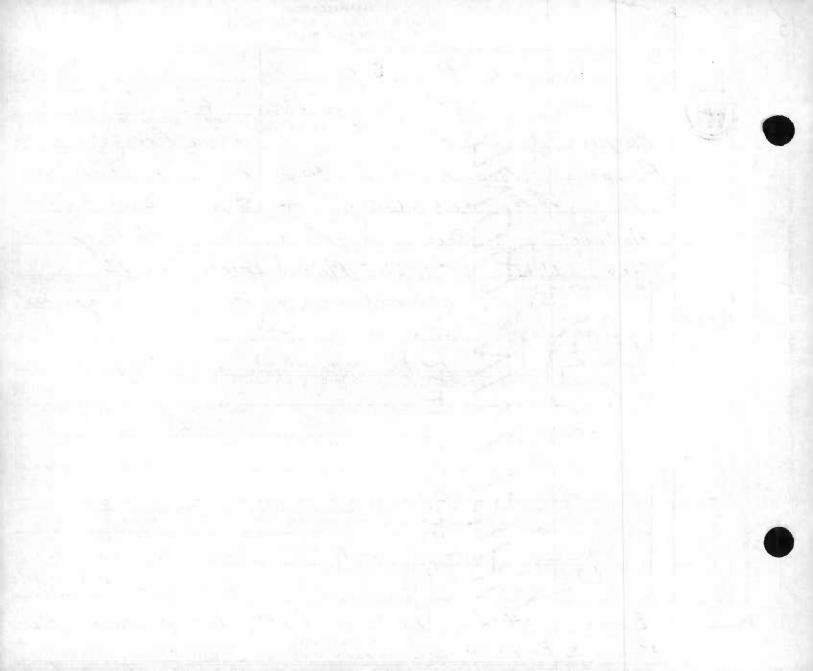
STATE Md.

Lorraine Pk Buria1 1981 24 FUNERAL DIRECTOR Glen Burnie Maryland

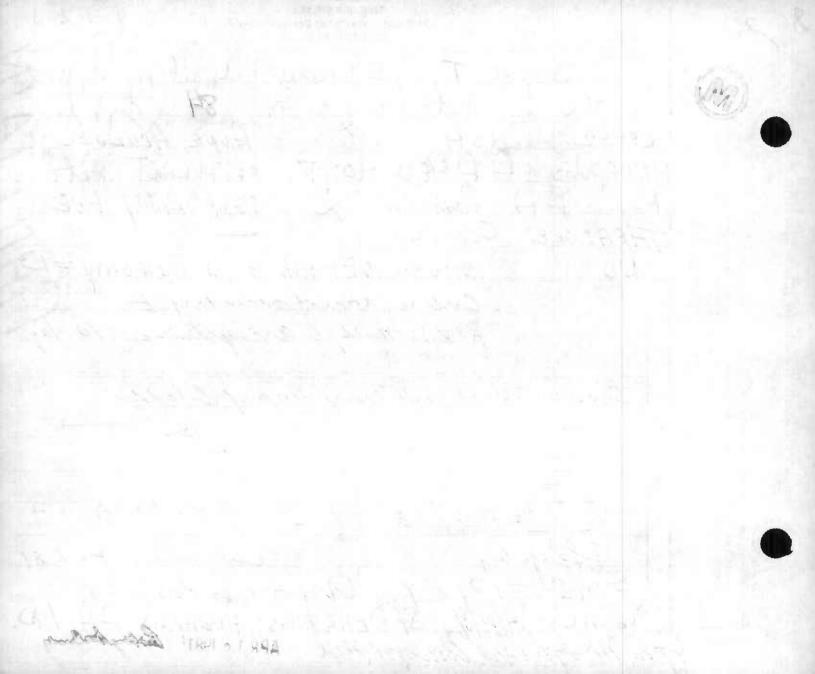


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	,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 9 0 1 9
		REGISTRAR CERTIFICATE OF DEATH REG. NO.
, be		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR EOR PRINT) LOS MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 4 9 81 8100
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PHYSICIAN: The anding physicion this certificate I will be build throught of Mental Hygie dor Item 18 sho		210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
ING PHYSIC r attending After this cerus the burious the burious the hurious the ord ment to the form of the form o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK
END lol o OR: J Hea		22a. I certify that (1) (this haspital) attended the deceased from 4-9, 19-81, to 4-7, 19-81, that (1) (we saw the deceased alive on 4-9, 19-81, and that in (my) (our) opinion death occurred on the date and hour and from the causes state above, (1) (we) (did) (did not) view the body after death.
At OR the hor DIRE detoched of Deport		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P
TO HOSPITAL elained by 11 TO FUNERAL should be det with the Stote		120d. PHYSICIAN'S NAME (TYPE OR PRINT) James W. Ross 120e ADDRESS Zo Ricke & Aul, Suite 105 Annex
BP		BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CHYOR TOWN CHYOR TOWN COUNTY STATE OF CO
DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR ADDRESS SO! Ritchie Huy 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE ADDRESS SO! Ritchie Huy 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE ADDRESS SO! Ritchie Huy 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE ADDRESS SO! Ritchie Huy 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE ADDRESS SO! Ritchie Huy 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE



1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 9 STATE REGISTRAR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 9 REG. NO.	0 2 0
	CEASED NAME FIRST MIDDLE LAST 26 DATE OF DEATH MONTH DAY THE COMPRINT STATE OF BIRTH A AGE (INVERSIAS) BIRTHDAY) IF UNCLEASED AGE (INVERSIAS) BIRTHDAY IN UNCLEASED AGE (INVERSIAS) BIR	PER LYEAR IF UNDER 24 HRS
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3 (SU) 3 (SU) 3 (SU) 4 FA	AL RESIDENCE (IF NURSING-ROW ON OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) THE HALL COUNTY 13d. INSIDE CITY LIMITS? YES NO	AVE
	NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 219-28-2296 EFHALIA D. ECONON	ny #13
isate inmove cattoripapp all, crembten, or removal or other traumatic event, it	B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL APPROXIMATE INTERVAL
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ked or them 18 ub	THE ACCOUNT WAS UNDERLYING A STREET FACTORS, OFFICE, FARM, ETC.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I CO.)	OUNTY STATE
T. # them 21 is most	220. I certify that (1) (this hospital) attended the deceased from	that (I) (we) last trom the causes stated
IMPOSTANT #	2724 PHYSICIAN'S NAME (TY) OR PAINT) 2726 ADDRESS	ed UN
50M 1/81 5, 4)	UNBOAL DIRECTOR ADERESS M. 250 DATE REC B. BY DECK THE	Andrew !



		CEASED NAME FIRST ROS		LOG		delen	20. DATE OF DEATH Apr		1981	25. HOUR	
3.	SEX	Female	4. RACE White	Ð	5. DATE O	F BIRTH OAY YEAR 11 - 90	6. AGE (IN YEARS LAST BE	90 yrs.	MONTHS DAYS		4 H
	CO	RTHPLACE (STATE OR FOREIGN DUNTRY) aryland	76. CITIZEN OF	what country?	MARRIED WIDOWEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT			
C	cro	ownsville	1347 S	St. Ster	hens	Church Rd	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi	OF WORKING LI			
M	30. ST 1 a. 1	RESIDENCE (IF NURSING HOME C TATE TYLAND 13h COU	VTY	GIVE RESIDENCE BEFORE	N 1	13d. INSIDE CITY LIMITS? YES NO	13 13 11 St	.Step	hens	Chrch	L
14	I FAI	THER'S NAME FIRST	UNKNOWI WIDDLE	N LAST		Josephi	MIDDLE		Sta	nst np	
16	(YE	VAS DECEASED EVER IN U.S. A es, no or unknown) (if yes, gn	RMED FORCES? E WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT Patricia M I	19 leller-Rd	7 St Cro	.Step	hens lle, M	ld
		Conditions, if ony, which	DUE TO, OF	r as a conseque	NCE OF						
1401		gove rise to immediate cause (a), stating the underlying cause lost PART 2, OTHER SIGNIFICANT Dehmon	DUE TO, OF	R AS A CONSEQUE DISTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERM					
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1000	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost the underlying cause lost part 2, other significant pa	DUE TO, OI (c) CONDITIONS CO 19b. CONDI 21b. TIME O HOUR AA P./ 21e. PLACE (AT HOME, STR	PAS A CONSEQUE ONTRIBUTING TO E FINJURY M. MONTH DA M. DEFINJURY REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCUR!	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF YE IN CERTIN Y! URY IN ITEM 18, I	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY	INGS USED S OF DEATH NO STA	τε e) l
1000	MEDICAL CERTIFICATION	gove rise to immediate cause (a), storing the underlying cause lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK Sow the deceased olive o obove, (If (We) (did n) did n) 22b. SIGNATURE	DUE TO, OF (CONDITIONS CONDITIONS	PAS A CONSEQUE ONTRIBUTING TO E FINJURY M. MONTH DA M. DEFINJURY REET, FACTORY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURION STREET 21f. LOCATION STREET d that (my) (our) opinion EGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ CITY OR TO deoth occurred on the of	20b. IF YE IN CERTIN Y! OWN dote and hou	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY 19 ur ond from th	INGS USED S OF DEATH NO STA	τε e) l
1000	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK AT WORK OT WHILE AT WORK AT WORK ON THE CONTRIBUTION OF THE C	DUE TO, OI CONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME O HOUR A.A. P. 21e. PLACE ((AT HOME, STR itol) ottended the box PRINTs	PAS A CONSEQUE ONTRIBUTING TO E OTTO FOR WHICH FINJURY M. MONTH DA M. OOF INJURY REET, FACTORY, OFFICE, F giter deeth.	OPERATION AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURION 216. LOCATION STREET d that (my) (our) opinion EGREE ATTENDING PHYSICIAN 2	200 AUTOPSY? YES NO NO RED (ENTER NATURE OF INJ CITY OR TO deoth occurred on the of DIRECTOR PHYS	20b. IF YE IN CERTIN Y! URY IN ITEM 18, I OWN dote and hou	S, WERE FIND FYING CAUSE ES PART 1 OR PART 2) COUNTY 19 ur ond from th	STA STA STA STA STA STA STA STA	e) lied

	THE RESIDENCE			
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1311 St. topicate Caron 1d	X FE OAT WET	.1.	Bet Person	
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18-4 -4 P				
ils .5H .ellinger	view cated.			
12.2 35.5 February 19.00	ogo for			

BOND THE RESIDENCE OF THE STATE OF THE STATE

njury, or other troumatic event, th

should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

certificate has been

etained by the haspital or attending physicia

MPORTANT: If Item 21 is marked at Item 18 shows any

24 FUNERAL DIRECTOR

"Tames S. Kirkley 421" Crain Hwy. S.E

may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

9

REGISTRAR 25h. PHS

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO.	9 0 2 3 EST
1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2h HOUR
JAMES	BUCHANAN	ELLISON	APRIL 18, 1983	1 9:45 Am
1. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
male	white	2-6 09	72 YRS	MONTHS DAYS HOURS MIN.
d. BIRTHPLACE (STATE OF FOREIGN		JTRY? 8	9 BALTIMORE CITY OR COUNT	TY OF DEATH
Maryland	TT S A	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL CO	OUNTY MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
GLEN BURNIE	NORTH ARUNDE	L HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING	
	ME OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	L Auto Dealer	· Iself employ
Maryland A	OUNTY 13c. CITY OR		13e STREET ADDRESS 203 Phelps	A
14. FATHER'S NAME		IS MOTHER'S MAIDEN N		AVE.
FIRST	MIDDLE LAS	11131	WIDDLE	LAST
Thomas El		SECURITY NO. 17 INFORMANT	tinchcomb ADDRESS	
	S. GIVE WAR OR DATES)			
no		07-4689-A Edith	M. Ellison s	ame as 13e
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per limer (o), (i)	b), and (e)	-	SETWING CHOST AND DEATH
	DIATE CAUSE (0)	Vic inconnopara	1	tolay
4.100	DUE TO, O A A COM	SEQUENCE ON A A.	1 . P1 112	1.1.0/41
Conditions, if ony, which		al HILLEN CL	4WO TO MINE	L 4/10/17
couse (o), stoting the	DUE TO, ORAL A COM	EQUENCE OF / O	1	11/10/11
underlying couse lost	(c) Thuse	- Reg (Major la	Martin	4-10-41
	Hunu Can	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110.
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
210 ACCIDENT WAS UNDERLYING	110110 111 1101101	21c HOW INJURY OCCU	RRED TENTE NATURE OF PELIRY IN ITEM 18	PART 1 OR PART 2}
OR CONTRIBUTING CAUSE O		DAY YEAR		
OF CONTRIBUTING CAUSE O	21e PLACE OF INJURY	211. LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC } STREET	CITY OR TOWN	COUNTY STATE
22a I certify that (I) (this h	ospital) attended the deceased f	rom 4-10 19 f(, 19 that (I) (we) lost
sow) the deceased alive	d not) view the body ofter death.	.19, and that in (my) (our) opinion	death occurred on the date and ha	our and from the causes stated
22h Systys Ayre	10111	DEGREE		22c. DATE SIGNED
1101411	Ther Why	ATTENDING PHYSICIA	MEDICAL STAFF IRECTOR PHYSICIAN	4-18-81
THYSICIAN SHORE IT	ITE DEPENT)	22e ADDRESS	The state of the s	, ,
HILARY T. O'	HERLIHY M. Q.	225 HOCDIMA	I DDITTE CLEM DVD	NITE NO CLOSE
230 BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATORY	L DRIVE GLEN BUR	NIE, MD. 21061
Burial	4-20-81		Pk. Glen Burn	ie A.A. Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

AND SO ALL IN INC. THE PLANE. IN IN PARTY OF THE PARTY OF Total Control of the The second state of the second second

STATE OF MARYLAND

The lander tan help the name of the Control of the that I Benedican II E THE PLANT OF THE PARTY OF THE and the state of t TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filled with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

deoth

M	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	REG. NO.	09	00	25
1	{ TYPE	CEASED NAME		901	A.		Flahort	20. DATE OF D	4	18	YEAR 81	26 HOUR S
	3. SE	Male		RACE	White	S. DATE		6 AGE (IN YEA	38	MON!		IF UNDER 24 HRS
	VQ DI	RIHPLACE (STATE OR FO	DREIGN /b	US!		MARRIE	NEVER MARRIED		Arunde			MD
53	F	nnapolis	1	nne A	rundel Ger	neral	Hospital	12ª USUAL OG	CUPATION OR MOST OF WORK ZIOT	LING LIFE)	Reta	OF BUSINESS OR
35	13a. S	Md.	136 COUNT)	HER INSTITUTION	List CITY OR TOW	N	13d INSIDE CITY LIMITS?		Dak Dr.			
20		THER'S NAME	laheri	DDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE Stan	zola	Į AS	ST
medico	1	VAS DECEASED EVER IT YES, NO OR UNKNOWN)	1960-		181-30-		Marie C. F.	Laherty	Same a	s 13	A-e	
injury, ar other troumotic event, the medico		Conditions, if any, gave rise to imme couse (a), stating underlying cause	ediote the	DUE TO, O	R AS A CONSEQUE	NCE OF						
	NOI	PART 2 OTHER SIGN	FICANT CO	nditions <u>co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE (OR CONDITION	N GIVEN I	N PART 1	O
9	CERTIFICATION	196 DATE OF OPERATION 196 CONI		19b COND	ONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOP	20b IN C	IF YES, WI ERTIFYING YES	ERE FINDIP G CAUSES	NGS USED OF DEATH?	
949		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19				M 18 PART I				
200	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)		211 LOCATION STREET		CITY OR TOWN		COUNTY STATE		
APORTANI: # fem z i s morked		22a.1 certify that (1) (this haspital) att saw the deceased alive an above, (1) (we) (drd) (did nat) view		4	4/18		nd that in (my) (ger) opinio	to	to		, that (I) (we) las	
E		R. BIGNATURE	> 6	- 51	isor la	te	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c DATE	3 GNED
CAN	F	22d PHYSICIAN'S NA/		.,			121 Cather	dral St.	, Annap	olis	,Md.	

BP

retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL Burial PATE 4-21-81 24 FUNERAL DIRECTOR
Beal Funeral Home, 1212 West St., Annapolis, M

Md. Veterans Cemetery

23d LOCATION Crownsville, Manie

STATE

REGISTRAR 256. REGIST

7

Annapolis and Armdel Caneral Rossital Clarier Notes:

A. A.A. Co. Cleanster R 3552 at r.

Janes Claimety they there as 15 to an angeles

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FOR STATE REGISTRAR	DEPA	CERTIFICATE OF DE	ATH	6. NO.	0 4
1 DECEASED NAME FIRST	MIDDLE	5/E	20. DATE OF DEATH	-81	YEAR 26 HOUR S
3. SEX MAIE	1 RACE BLACK	5. DATE OF BIRTH MONTH DAY	YEAR 96	MONTHS	ERTYEAR IF UNDER 24 HRS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN MARVLAND) 10. CITY OR TOWN OF DEATH	16 CITIZEN OF WHAT COUNTE U. S. A. 11. NAME OF HOSPITAL, NUR	MARRIED NEVER MA WIDOWED DIVI	DRCED ANNE		KIND OF BUSINESS OR
ANNA POLIS PUSUAL RESIDENCE (IF NURSING HOME) 130 STATE 130 COL 14. FATHER'S NAME		ORE ADMISSION)	10 102 Sc		CE ET
SOLOMON	FOOTE FOOTE	1011110111011	ÄRGARET		CHEW
160. WAS DECEASED EVER IN U.S. A	HART MAKE CHARLEST CO.		FOOTE 102 Sout	h St. Anna	pblis. Md.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	DUENCE OF	Y ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT	19b. CONDITION FOR WHI	O DEATH BUT NOT RELATED T		20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

P.M 19

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET

CITY OR TOWN

COUNTY STATE

220.1 certify that (this haspital) attended the deceased fram saw the deceased alive on

BURIAL, CREMATION, REMOVAL

210. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

DEGREE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(aur) opinion death occurred an the date and haur and from the causes stated

PHYSICIAN'S NAME (TYPE OF PRINT) 1010271

CATHEDRAL St. 23c. NAME OF CEMETERY OR CREMATORY BREWER HILL CEMETERY

23d. LOCATION Annapolis

Maryland

DHMH- 16 30M 2/80 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

MEDICAL

24 FUNERAL DIRECTOR

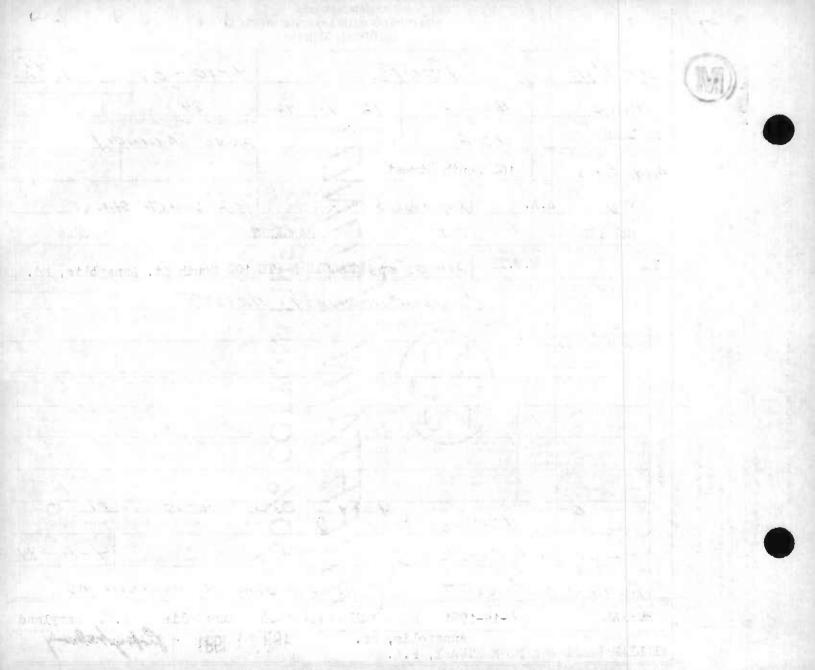
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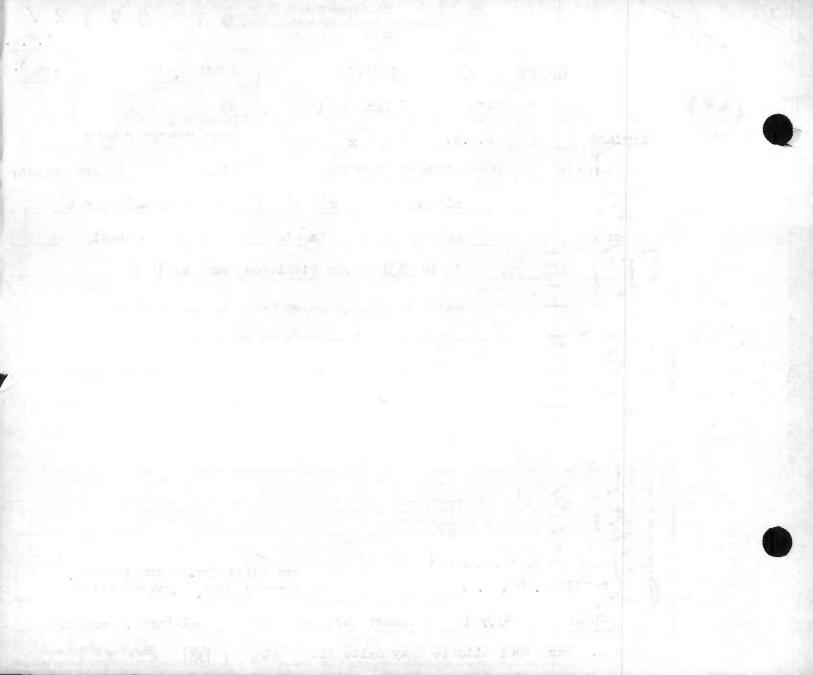
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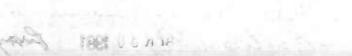
4-14-1981

ANNAPOLIS MO









7		1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEA	F MARYLAND LITH AND MENTAL HYGII ATE OF DEATH		0	9 0	2 9
moy be	deog h		CEASED NAME FRST PRST PRST PRST PRST PRST PRST PRST P		t Jr.	20. DATE OF DE	April April	DAY YEAR 22.1981 IF UNDER 1 YEAR	26 HOUR A IF UNDER 24 HRS
deoth. Poge 4	in 72 hard		DUNTRY)	U. D. H, WIDOWED	NEVER MARRIED L	BALTIMORE	YRS.	OF DEATH	HOURS MIN
hours after a	be filed with	USU	UNADOLIS 1	NAME OF HOSPITAL, NURSING HOME OR IN THE NOTIFICE OF THE NOTIFICATION OF THE NOTIFICAT	gent	120 USUAL OCC INTE OF WORK FOR 110 STREET ADD	POT OF WORKING I	FE) IND OUSTRY	Servi Out
ed within 24	ond 2 should to a		ANE AME MODE	4. VINNADOLIS	RESIDENT EMILES	21/1	DOLE	Les	1 V 7
te be execute	rs. Poges I		AS DECEASED EVER IN U.S. ARMED	I 212-16-6966	Helentri	ant	90H 1 ANNI	ucker	MATE INTERVAL DINSET AND DEATH
that the death certifical	d by the attending physic lease remave carbon pape ial, cremation, or remaval or other traumotic event, th		PART I. DEATH WAS CAUSED BY: / 8 9 IMMEDIATE CAI Conditions, if ony, which gove rise to immediate	no somme	is blos	\$ 40	Jelen V/W	BEIWERN	INSEL AND DEATH
The low requires	nos been signe permit. Then p ne prior to bur ws ony injury,	TIFICATION		OITIONS CONTRIBUTING TO DEATH BUT NO		200 AUTOPSY	? 20b. IF YE IN CERTI	S, WERE FINDIN	GS USED
SICIAN.	Ferrit Ge	EDICAL CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	1c. HOW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18,	PART I OR PART 2)	
NG PHY	After this os the but th and M	MED	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	If. LOCATION STREET	СІТҮ	ORTOWN	COUNTY	STATE
ATTEND	d for use		220 I certify that (I) (this haspital) a saw the deceased alive on above, (I) (we) (did) (did not) view	v the body after death.	that in (my) (our) opinion de	oth occurred an	the date and had	or and from the	
ITAL OR	IERAL DIRE		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF PRINT	tehell	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN [22t. DATE	23-8
ST	ZOOF		The state of the s	11 00 1		-	123	1 61	403

DHMH - 16 50M 7/77 (VR A 15 (4))

182 SEN 6816 HERVIEWE BONGSON

7	1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH				EST
/		CEASED NAME FIRST	MIC	DDLE	t.	AST	REG. N	MONTH DAY	YEAR	2b HOUR
34	(TYPE	JAMES			F	UKA	APRIL 14	. 1981		11:20 A
(M)	3. SE	Male	4 RACE White	La Company	5. DATE C		6 AGE (IN YEARS LAST BIR	MON	HS DATS	HOURS MIN
	To. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8		9 BALTIMORE CITY C	R COUNTY OF	DEATH	
26		Paryland	U.S.A		MARRIE	NEVER MARRIED DIONORCED	ANNE ARU		COUNTY	MD.
filed the		EN BURNIE	NORTH	ARUNDE	L HO	ROTHER INSTITUTION SPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ON OF WORKING LIFE)	izb. KIND 95 INDUSTRY)	ept. of
muss be	130 3	STATE 136 COUN		ve residence before 3c. CUY OR TOWN Pasader	٧	13d INSIDE CITY LIMITS? YES NO 🎏	130 STREET ADDRESS May	ford Av	e,	21122
ond 2 sh	14. FA	Joseph F	nanklin	Fuka,	Sn.	15. MOTHER'S MAIDEN NA Hattie	WE		Tudo	n
Poges		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	215-18-5	5593	Mrs. Sara J	· Fuka	Same as	#13	
papers novol ent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	ne for rol, (b), one	i hav	natoris			APPROXIM BETWEEN OF	MATE INTERVAL MSET AND DEATH
corbon or ren		1889 IMMEDIA	TE CAUSE (a)	AS A CONSEQUE	NICE OF	010313			100	4.
mave notion troum		Conditions, if any, which gave rise to immediate	(b)	BlAd	de-	CARCIN	end		1 Ju	en
al, cren		couse (0), stofing the underlying couse lost	DUE TO, OR	as a conseque	NCE OF	1				
ta burn njury. a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ira	
S cony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES T	G CAUSES (GS USED OF DEATH?
entol-transit pe		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	OR PART 2)	
he buriol-tr and Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF		ARM, ETC)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
use os t lealth o s morke		22a.1 certify that (I) (this houp	Hel) ottended the	deceosed from_	2	On 19/9	10, 10 LI-	14 198	5/	hot (1) (we) lost
d for a 21		sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body a	ter death	or	d that in (my) (aur) opinion	death occurred on the d	ote and hour an		
old be detached the State Dept		Jasna S	12)	Very	2	Account of the contract of the	MEDICAL STA		22c. DATE S	5-81
should be dewith the State		RAYMOND G.	HERZING	ER, M.D		325 HOSPI	TAL DR., GI	EN BUR	RNIE,	21061 MARYLAN
Shoot shoot		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	2 8	ocegy	4.40
		Burial UNERAL DIRECTOR	4/17/19	481 92	en Ha	21122 250.04	Glen Burn EREC'D BY REONSTRAR	1e, 125b, R	Anuna	al Dd.
50M 1/81 15, 4)		c Cully F.H. Mtn	& Tick /	Veck Rds.	Pas	/11//	PR 1 6 1981	100	7	7
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Burney D. Grand Co., and J. C. Co., and J. C. Co., and J. C. Co., and C. Co., The state of the s the transfer of the second the state of the s The same well as made that the same of the Market and the second of the second s at the contract of the second of the

injury, or other troumotic

MPORTANT: If Item 21 is marked or Item 18 shows ony

STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

	1 - STATE	DEPART		EALTH AND MENTAL HYG	GIENE			
	REGISTRAR			ICATE OF DEATH		REG. NO.		EST
	I DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	L	AST	20 DATE C	DE DEATH MONTH	DAY YEAR	26. HOUR 8:14 P
	JAMES	DILLON	GE	ORGE		L 19, 1981		0:14 F
	3 SEX	4. RACE	5. DATE C		6. AGE (IN	LYEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Male	White	Ma,			51 YRS	January Carl	min.
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 67	NEVER MARRIED		ORE CITY OR COUNT		
-	Kentucky	U.S.A.	WIDOWE	/\	ANN	E ARUNDEL (COUNTY	M
Server .	10. CITY OR TOWN OF DEATH			R OTHER INSTITUTION		LOCCUPATION	125 KIND O	
ř	GLEN BURNIE	NORTH ARUNDEL	HOSPI	TAL	(2) / .	ce Dept.	(ity	Business OR
g	USUAL RESIDENCE (IF NURSING HOME OF			1134 INICIDE CITY HAVITON				
1	MI	Arundel Milland	wn 11-	YES NO K	307 /	Dogwood Rd.	21108	
	14 FATHER'S NAME	11:10-00:100	ville	15. MOTHER'S MAIDEN NA		Joquood Mas	21100	
	Frank	George LAST		Laura		Balla	0:1	lan
	H- MAC DECEASED EVED IN LUC AS	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS	Dill	DIL
	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	34.24	Mary (. Yeor	ro.e.	same as 13		
		nly one cause per line for (a), (b), o	3171	70.5	8	the as 1)	APPROX	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY. A. To	Mal	more a	deno		BETWEEN	ONSET AND DEATH
	MA A MAMEDIA	TE CAUSE (a)	1700		a-ma			
	7100	DUE TO, OR AS A CONSEQU	JENCE OF	m - 110	51	0.41		
,	Conditions, if ony, which gave rise to immediate	(b) <u>alul</u>		Joural &	- W	and the		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF	2.4	٧			
		(c) Joth	à sile	16 He Candi	o vanu	when do to	ece	
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	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTIFY HERE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR FOWN	COUNTY	STATE
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	saw the deceased alive an above (1) (we) (did) (did no	n 19 19 19 19 19 19 19 19 19 19 19 19 19	or	d that in (my) (our) opinion	deoth occurr	ed on the date and ha	ur and from the	couses stated
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	100	o Cown	. 1	ATTENDING PHYSICIAN	MEDICAL	STAFF	14~	19-81
	22d. PHYSICIAN'S NAME (TYPE	TR PRINT)		22e ADDRESS			1 0	1 4
	CHARLES J. WU	M.D.		7845 OAKWOO	D RD.	GLEN BURN	IE, MD.	21061
	230 BURIAL, CREMATION, REMOVAL	11-1.0		METERY OR CREMATORY	23d LOC		CONNTY	AA JSTATE
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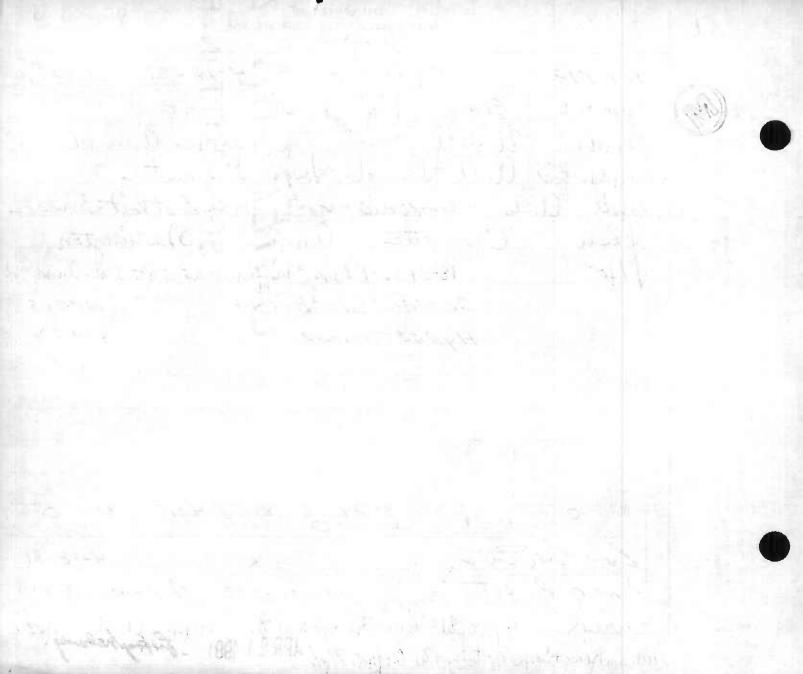
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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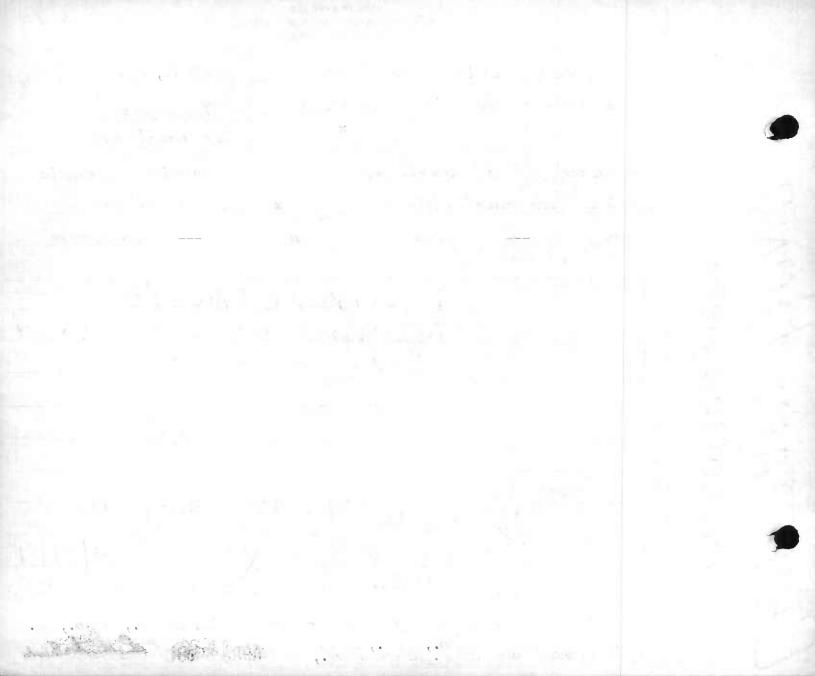
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2	14. FA	THER'S NAME		MIDDLE		ARRIS		A	S'S MAIDEN GNES	NAME	MIDDU			ทร่ตั้ง	
1	160. V	/AS DECEASE 5, NO, OR UNKNO	DEVER IN U.S. A	RMED FORCES? VE WAR OR DATES)		-05-063		CATH	ERINE	HARR		DDRESS Carve		polis, eet	PIQ.
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		death result SIGNATURE EXAMINER'S (TYPE OR PRI	NAME E	rige of the remain ral causes	Accident Acc	nt 🗌 , Su	-	Hamici TITLE (SP D. Address	Ly Chr	Undeterm MEDICA	Inquiry	er ,	DATE	4.K.F	/
	Ï	URTAL	TION,REMOVAL	236. DATE 4-20-19		NAME OF CE			r	236. LOCA CITY OR Ann	i one	s	A.A.	Mary	ylar
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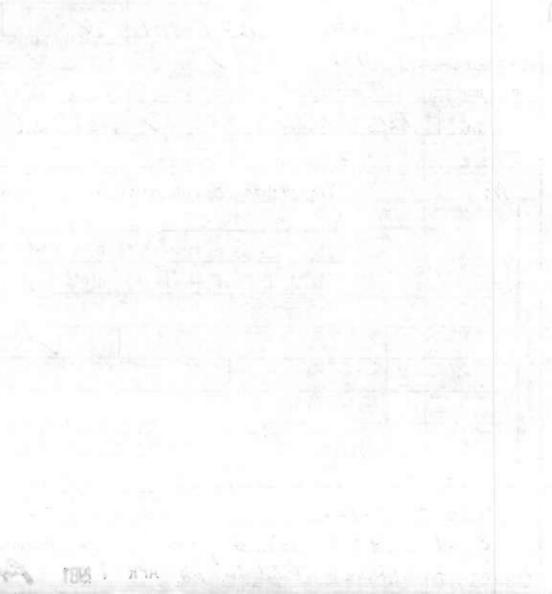
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/	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 0 9 0 3 7 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT) Inma Louise Hanthausen April 14, 1981 7 A. M.
8 p 3.	SEX Female 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR ON THE STATE OF BIRTH MONTH 17/19/1921 59 YRS
o 72 ho	BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED DE NEVER MARRIED Anne Arundel (ounty MD) MARYLAND MARYLAND MARRIED DE NEVER MARRIED Anne Arundel (ounty MD)
100 P	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 121. OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 122. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 123. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 124. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 125. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 127. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) 129. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) 129. USUAL OCCUPATION (TYPE OF WORK ING LIFE) 129. USUAL OCCUPATION (TYPE OF WORK ING LIFE) 129. USUAL OCCUPATION (TYPE OF WORK I
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rs. Pages 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
signed by the attending physici Then please remove colonpoper to burial, cremation, or removal. njury, or other traumatic event, th	PART 1. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF OF LUNG 4 MONTHS Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF OF LUNG 4 MONTHS DUE TO, OR AS A CONSEQUENCE OF OF LUNG 4 MONTHS DUE TO, OR AS A CONSEQUENCE OF OF LUNG 4 MONTHS DUE TO, OR AS A CONSEQUENCE OF OF LUNG 4 MONTHS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
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	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
oched for use as the Dept. of Health and If them 21 is morked	22a.1 certify that (I) (this haspital attended the deceased from 19 certify that (I) (this haspital attended the deceased from 19 certify that (I) (we) lost
ote Dept. of	obove. (1) (we) (did) (sid not his body offer death 27b. SIGNATURE DEGREE ATTENDING (MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC
should be deto	22d PHYSICIAN'S NAME (TYPE OR PRINT) HARJIT SINGH #8, 16 K AVE, BALTO, 21225.
≥ 5 ≥ 23	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY CITY OR TOWN STATE (SPECIFY) Burial 4/17/1981 (edan Hill (emetery Ritchie Hwy., Balto., Md.
OM 1/73 24 5 (4))	McCully Funeral Home Baltongress Md., 21225 McCully Funeral Home 237 E. Patapsco Ave., APR 1 6 1981



ElsiE Dolon Homens 4-5-81 927 FEMALE PLACE 11-27-1955 45 E Md = 165-14. X/A. A. COL Annagaris And in the House Parmones of AND AND PROPERTY X CARRESTAN LICHEL MARRIL CHAPALLERS DENES 217 37-7188 Charm Law MARKELISE CARRIED DUMBONARY THE REST TO THE WAS SHED SMIGSTER SHEDING - LEADE 1388 1013888 5. M. S.A. M. O. M. S.A. for historian of the second My feet man for a war with 19-2-4. Large the strategy of the suggestion of the strategy of the strategy

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ge 4 moy	1. SE	Female	white	5 DATE OF BIRTH MONTH 12 - 1905	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Po Po	7e. B	RTHPLACE STATE OR FOREIGN	6 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR COUNT	Y OF DEATH
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by the filled with		ITY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUND		12a USUAL OCCUPATION [TYPEDE WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
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by the hosp by the hosp ERAL DIRECT e detoched (Stote Dept. o		22b. SIGNATURE	5 9	The state of the s	IG MEDICAL STAFF	22c. DATE SIGNED
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sho with	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	21001
BP		SPECIFY) Burial UNERAL DIRECTOR	4-6-81 61	en Haven Cem.	Glen Burnie	ASCO Md.
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exominer must be Condiner.	3 SEX 10. BIF C 10. CT 10. CT 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	RTHPLACE (STATE OR FOREIGN COUNTRY) MAR YLAND TY OR TOWN OF DEATH AL RESIDENCE (IF NURSING HOME OF TATE THER'S NAME FIRST AR THUR VAS DECEASED EVER IN U.S. AR	II) NAME OF HOSPITA (IF NOT IN SUCHEACILITY, ANNE A PUND (IF NOT IN SUCHEACILITY) AND A PUND (IF NOT IN SUCHEACILITY) AND IT I I I I I I I I I I I I I I I I I I	MONT COUNTRY? 8. MARRIE WIDOW! AL, NURSING HOME OF COUNTRY? STREET ADDRESS! COUNTRY? 8. MARRIE WIDOW! AL, NURSING HOME OF COUNTRY IN COUN	B - 07 - 04 ED NEVER MARRIED DIVORCED DO OTHER INSTITUTION HOSPILO 1	9 BALTIMORE CITY OF A.A. 12a USUAL OCCUPATION (TYPE OF WORKING MOST OF 13c. STREET ADDRESS ADDRESS ADDRESS	YRS DAYS COUNTY OF DEATH ON WORKING LIFE 128, KIND OF INDUSTRY Perch R.
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AND SECOND	N	d.	Prince	Geo.	Bowie		YES 🗶 NO	16312	ADDRESS	Mea	10H	Lane	
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REALTIMORE, MD. RES AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM. 3. T. PAGES 1 AND 2.S DINISION OEVITAL	(Y	ES NO OR UNKNOWN)	(IF YES, GIVE WAR		256-62-1		Deborah	M H4	nee	Same	88	Item	13
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T., BALI DURS AF WITH I WIT. PAG		18 CAUSE OF DEA	ATH (Enter only or WAS CAUSED BY	ne cause per line	far (a), (b), and (c).)						BE	APPROXIMATE TWEEN ONSE	AND DEATH
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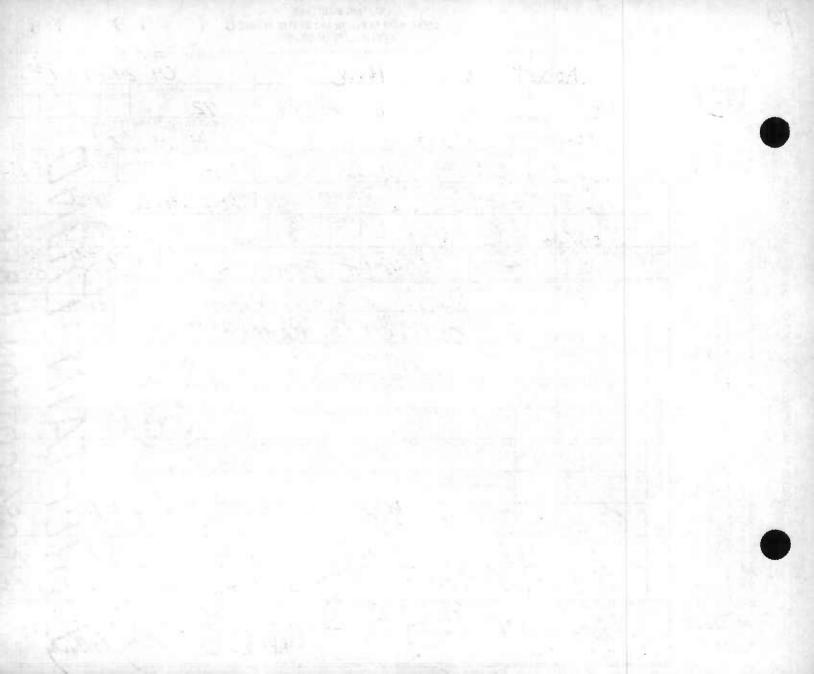
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George J. Gonce 4001 Ritchie Hgwy Balto 21225

(VRA 15, 4)

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BP	230	BURIAL, GREMATION, REMOVAL (SPECIFY)	23b. DA/E 23c	James CEMETERY OR CREMATOR	- Sten Bus	COUNTY Afficia
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STATE OF MARYLAND

FOR

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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10	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
1 1	DECEASED NAME FIRST	KEN MIDDLE	Johnson	20. DATE OF DEATH MONTH DAY YEAR 21
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a se de la se	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
and die	SUAL RESIDENCE (IF HURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	130 Hearn Rd. Apt. 701
completely s 1 and 2 sho	FATHER'S NAME	MIDDIH. JOHNSO	N SARAH	AME MIDDLE MANNERY
Poges 1	NO	213-14-3		NSON 130 Hearn Rd. Annap
physicia papers novol.	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line far (a) (b), and SED BY: ATE CAUSE (a)	indu don	APPROXIMA BETWEEN ONS
been signed by trmit. Then please prior to burial, creamy injury, or oth		T CONDITIONS COUNTIBUTING TO	than	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 200. AUTOPSY?
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O Full the whole who were the state of the s	George	C.SAMANA	3 /6/6	Forest Deve Ann
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STATE OF MARYLAND

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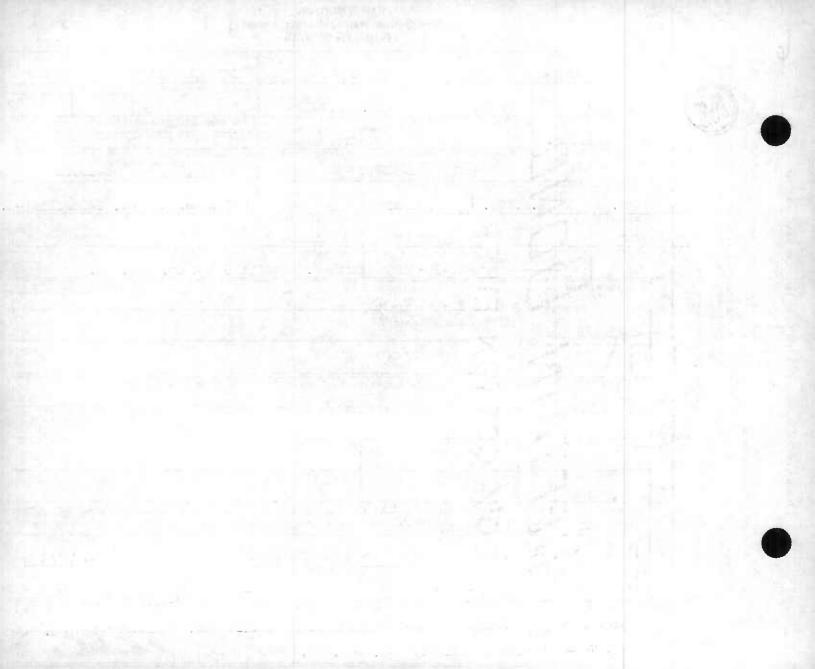
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		STATE OF MARYLAND	15 2 20 20	e a es
FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 4 9 E.S.T.
DECEASED NAME FIRST	MIDDLE	LAST	29 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
TYPE OR PRINT) ALICE	C.	JUTRAS	APRIL 23, 1981	5:50
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
FEMALE	CAUS.	3 6 1929	52 YRS	
COUNTRY)		MARRIED NEVER MARRIED	ANATE ADIDIDET COIDE	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b.	KIND OF BUSINESS C
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Ba STATE 136 COU	NTY 13c. CITA-OR TO	OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESSO OF	À .
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RAYMOND	Curpi	VADA	5	MITH
(YES, NO OR UNKNOWN) (IF YES, G	WE WAR ORDATES		ADDRESS 725	Porballa
		ond w	LBI	APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT
4140 IMMEDIA		want of wear		
Conditions, if any, which	(b) Mile	assive show	e	
gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
	CONDITIONS CONTRIBUTING T			PART 10
2	amphysen	//		
190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		AUSES OF DEATH?
		DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORI	PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19 215 LOCATION		
WHILE NOT WHILE THE AT WORK AT WORK			CITY OR TOWN COL	UNIY STATE
220 I certify the (1) this hosp	ital) attended the deceased from		7 , to 4/23 , 19_5	, that (1) (we) lo
ability (1) (we) (did) (did n	at Levew the body after death.	, and that in (my) (our) apinion		
Jimes	Bund	ATTENDING PHYSICIAN !	MEDICAL STAFF	DATE SIGNED
TAMES T DEN	TAMEN M. D.	22e ADDRESS 517	EMPIRE TOWERS	
			BURNIE, MARYLAND 21	061
(SPECIFY)			THE OCATION RECOUNT	AA
		SEVEDNA MARA	HE THE DE BENEFIT HARTESTY TO SERVE	ra Buenty
PAREDT S RARRAI	VCO PITCHIO	HWY PARKING AP	(29 1981 777	/
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woy	3 SE		4 RACE		5. DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) II	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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ond 2 sl	St	ather's name cewart	WIDDLE	Turne		15 MOTHER'S MAIDEN NA/ Lillie	WIDDLE		Forn	
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the ond	ž	WHILE NOT WHILE	[AT HOME	STREET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
he haspital or DIRECTOR: Aftoched for use a Dept. of Health If Item 21 is mo		22a I certify that (I) (thi saw the decessed a obave, (I) (we'/did) 22b SIGNATURE	live an (did not) view the bo	dy after death.		DEGREE ATTENDING PHYSICIAN [to death occurred on the do	FF		
TO FUNERAL should be det with the Stote IMPORTANT.	23a	BURIAL, CREMATION, REA	1400		UD NAME OF C	205 BQ	23d LOCATION C	NINGS	VICTOR S	NUP.
SP		Burial	4/22	/81 Ba	ldwir	United Metho	dist Cem	Miller	COUNTY	STATE
H-16 30M 2/80 (VRA 15, 4)		uneral director irdesty Funer				25a. DAT	E REC'D. BY REGISTRAR			URE CO



Ta	1	FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	CIENE 8 I	09051
,	11.	STATE REGISTRAR	DET.	CERTIFICATE OF DEATH		
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	3 SE	The state of the s	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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d with	14. F	ATHER'S NAME	MDDLE ME COT	USKER IS MOTHER'S, MAIDEN N	AME MIDDLE	CARLISLE
e be executed an and compl Pages 1 and 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? III SOCIAL E WAR OR DATES!	SECURITY NO. 17 INFORMANT	G. KEARSE	#13
re death certifica attending physic ve carbon papers stion, or removal er traumatic ever		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which	TE CAUSE (0) A CONS	ute Myclogen	ous Leuken	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Months
that the by the cremo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF		
requence of the property of th	NO	10.	Static B	reast Carcinon	na	
V: Th ite has permiliene u	CERTIFICATION	19a DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20h. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
SIC Nysi Nysi Tra Ital		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	M 1B, PART 1 OR PART 2]
VG PH nding ter th nebur snd M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	0/4- 8	CITY OF TOWN	COUNTY STATE
TTEN al or a TOR: use a I Heal		220.1 certify that (1) (this haspi saw the deceased alive on above (1) we) (did) did no	ital) attended the deceased fr 4125 It) view the body after death.	G I	n death occurred on the date on	that (1) (we) last d hour and from the causes stated
OH DIR Ped rept		22b. SIGNATURE	10 Colory	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [226. DATE SIGNED 4/26/8/
TO HOSPITAL OH A retained by the hospital should be detached for with the State Dept. of IMPORTANT: if Item		228. PHYSICIAN'S NAME ITYPE OF	W. COLE	III 220 ADDRESS (2) CATTH	EORAL ST	ANNAPOLIS M.
BP	230.	BURIAL, CREMATION, REMOVAL	274 DATE /8/	134 NAME OF CEMETERY OF CREMATORY	23d POCATION CITY OF TOWN POLI	S COUNTY PENTS.
DHMH-16 25M (VRA 15, 4) 1/79	17	UNE HALL DIRECTOR	Sal BODRES		TE REC'D. BY REGISTRAR 25 PRI	GISTRAR SIGNATURE

and the second of the second and the second of the second

James									MARYLAND						0.00
8		11-	FOR STATE REGISTRAR		MI				AND MENT			REG. NO	9 0	5	3
	₩ & & & £		CEASED NAME OR PRINT)	E FIRST	irow	WIDDLE	V	i na	LAST		OF	KNOWN ESTI-	4-20 DAY	81	2b. HOUR
	Y, PEAS MECTOI UR FILE 2 HOUR	3. SEX	le	1 RACE White	5. DATE OF BIRTH	1 13	A. AGE (NY			NDER 24 HRS.	2c. DATE PRONOUI DEAL	NCED	4-20		5000UR
	ECESSAR NERAL'D FOR YO MITHIN OPRESTO	70 BI	REIGN COUNTRY)	STATE OR	76. CITIZEN OF	VINT COOL	NTRY?	MARR	-	ARRIED		_	RCOUNTY OF	DEATH	M
	DAY IS N THE FU PAGE 5	10. CI	TY OR TOWN othian	OF DEATH	11. NAME OF HO BETTH ON			E, OR OTH	HER INSTITUTION	12a US		PATION (TYPE	OF WORK 12b K	OR INDUST	RY
MD. 21201	URS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH PORM PM 3. RETAIN PAGE 5 DOR YOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS DIVISION O'SYJAL RECORDS, 201 W PRESTONSTREET.	USUA 130, S		(IF IN NURSING HOME IN 13b. GOUN	OR OTHER INSTITUTION,		OR TOWN	(NOI)	138. INSIDE CITY LIMI	Mr.	REET ADDRI	ESS LOW	z-Pr	bec	H.
	ES 1, 2, PM 3. ND 2 St. ND 2 S	14. F/	THER'S NAM		WIDDLE	00	LAST		15. MOTHER'S M		A	AIDDLE	Cont	LAST	20
BALTIMORE,	AFTER DIVE PAGE 14 FORM AGES 1	160. V	AS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)) A	CIAL SECURI	TY NO.	17 INFORMANT	EKIOC	. <	ADDRESS	(m)	13	
ST.	24 HOURS ITEM 18. G LONG WIT PERMIT. PY GIENE, DIV		18 CAUSE C PART I DI	EATH WAS CAUSE	nly ane cause per lir D BY:	ne for (a), (b), and (c).) burns	3			3		88	APPROXIMAT TWEEN ONSE	E INTERVAL T AND DEATH
W. PRESTON	ZZARZZ	>		ins, if any, which	DUE TO, O	R AS A CO	NSEQUENCE	OF							
201	DIED WITH IN PENCIL EXAMINER EXAMINER IAL - TRAN O MENTAL ON, OR RE			ise to immediate) stating the <u>under-</u> use last.		R AS A COI	NSEQUENCE	OF							
RECORDS,	ID BE EXECUTED PENDING" IN PROPERTY IN PROPERTY IN PROPERTY IN PROPERTY AND MEINTH AND M	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO OFAT	N BUT NOT REL	ATED TO THE TER	MINAL DISEAS	E DR CONDITION GIVEN	IN PART 1 to					
OF VITAL RE	SHOULD ORD "PER CHIEF MEED ALT OF HEAD LURIAL, CHIEF C	CERTIFICATION	190. DATE O	FOPERATION	196 COND	ITION FOR	WHICH OPE	RATION W	AS PERFORMED?				20	AUTOPSY YES 🕱	? NO []
	CERTIFICATE (STING THE WOOD TO THE WOOD TH	CAL CER	UNDERLYING	AL CAUSE WAS OR ING CAUSE OF	216 TIME O	M MONTH	26° 8 , E^	R	ow INJURY OCC			JURY IN ITEM 18 PA	ART 1 OR PART 2)		
DIVISION	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL	21d INJURY (WHILE AT WORK			OF INJURY		105	CATION Lower	Pindel	Rd.	[™] Lothi	an, Mar	ylan	STATE
	LINER: THE STANKE PARTY	1	22a I cert		ge of the remains di	escribed ab	V		7	ection .	Inquiry termined m	O. and	d in my apinian		
•	L EXAMINER: E CERTIFICATE DULD BE FOR IL DIRECTOR: H, WITH THE MARYLAND		ACTUAL SIGNATURE		O Dit	S. A	elh	ell.	TITLE (SPECIF	Υ)			DATE)	21_81	
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		EXAMINER'S	NAME MAI	garita A	. Kor	ell,M.	D.		. Penn			SIGNED		
	DE PETO	230.B		TION, REMOVAL	236 DATE 4-24 - 71	23c.	.1.1	Ο.	OR CREMATORY	134 CC	OCATION	L. L	COUNTY	1 for	nd
	DHMH - 17 (VR A15 ME (5))	24 F	NAME DIRECT	USCL S	ADDRE	Q Hk	me	, , ,	750.0	MERECID-B	PREGISTR/	IR 256 REGIS	TRAP'S SIGNA	TURE	7
	15M 2/80		1100												

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George J. Gonce 4001 Ritchie Hgwy Balto 21225

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

TO A DESCRIPTION OF THE RESERVE OF THE PARTY The first transfer and the second of the sec The state of the s The state of the s

RUSSELL Wave KRAMER 3. SEX ARCE DATE OF BRITH VIA. DATE OF	2/1	FOR STATE					AAE			ENT C	FHE	ALTH.		AENTA	HYGIE		1		0	9	0	5	5
RUSSELL		DECEASE	NAME	FI	RST		7415			AAM	INEK			ICATE	OF DI		DATE	KNOWN		HINON	DAY	YEAR	2b. HO
3. SEX	· ·	TYPE OR PRIN	17}	RUS	SELI	L	Way	ne				KRAI	MER				OF	ESTI-		4	6	19 81	
The Biethphace (1874) for processing the process of the process	3. 9					MONTH	DAY	YEA	6	LAST BIRT	(HDAY)				ER 24 HR		NOUN	ICED	M	омтн Д		YEAR	24 HC
IL CHY OF TOWN OF DEATH	70.	BIRTHPLA	CE (STAT			b. CITI	ZENOFW				8. _A		_						_		TY OF E	DEATH	1-6
13. STATE	10.	CITYOR	TOWN OF		1	(IF NO	OT IN SUCH F	ACILITY, GI	VE STRE	EET ADDRES	ME, OF	OTHE	RINSTIT	UTION		JSUAL OR MOST	OCCUP OF WOR	ATION	(TYPE OF	WORK	17b Kill	ND OF BU	JSINESS RY
18. FATTER'S NAME	US	UAL RESIL	DENCE (IF	IN NURSING	HOME OR	OTHER IN		IVE RESIDE	NCE BE	FORE ADM	ISSION)	-			2 13e S				h.S.	tee	L (c).	
No.	-	- 0		A.	A.(0.		yle	en	Burn	ie		YES 🗌	NO 5	cc 4	103	Bay	lor	Rd.	Glei	nB	urni	2,
South Section 10 10 10 10 10 10 10 1		FIR!	ichox						Kra	men			Pe	FIRST	DEITITA	11	1	Wa.		Ri	chm	an.	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Perforating qunshot wound to neck (handgun) Conditions, if any, which gave rise to immediate couse (a) stating the under lying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS UNDERLYING \(\text{Q} \) OR CONTRIBUTING \(\text{Q} \) OR CONTRIBUTION \(\text{Q} \)	160	YES, NO, O	RUNKHOW	VER IN U.	S. ARME S. GIVE WA	D FOR	CES?						7. II 4F OF	MAINI	(op)	oer,	151			.St	eve	nsvi	Ue
UNDERLYING _CAUSE OF DEATH 1:41 MAX 4-6- 1981 Subject shot. 21d. INJURY OCCURRED WHILE AT WORK NOT WHITE AT WORK NOT WH	200	PART 2	ouse (o) st ring couse	oting the <u>u</u> lost.	inder-		(c)					DISEASE (OR (DNDITI	ON GIVEN IN	PART 1 (a).								
UNDERIVING CAUSE OF DEATH 1:41* 4-6- 1981 Subject shot. 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4-6-81 EXAMINER'S NAME AND M. DIXON, M.D. ADDRESS 111 Penn St.	TECATI	19a. D	ATE OF O	PERATION	1	1	9b. COND	ITION FO	OR W	HICH OF	PERATIO	N WA	S PERFO	RMED?									NO [
AT WORK AT WORK ODER TO A CONTROL OF THE PRINT OF THE PRI	3	21a EX UNDE CONT	RLYING RIBUTING	OR CAUS		атн 1	:41 A	w. MON x 4-	1TH 0	19	81	Sι	bjed			ER NATU	RE OF INJ	JRY IN ITEA	A 18 PART	1 OR PAR			
death resulted from: Natural causes Accident, Suicide, Homicide	1 24	WHILI AT W	_	NOT WHIL	E 🔀	ľ	STREET	ad FAR	M, ETC.	(AT HOME	(Dakv	vood	Rd.	near	Aq	v on tov	ärt	Rd.,	, A.	.A.	M	d. STAT
ASSISTANT MEDICAL EXAMINER SIGNED 4-6-81 EXAMINER'S NAME ANN M. Dixon, M.D. ADDRESS 111 Penn St.										e, held or	-		Hom	icide \(\sum_{\text{initial}}				nner [ond in	ту ор	inion		
(TYPE OR PRINT) (ATTITUTE DE L'ADDRESS ADDRESS ADDRESS ADDRESS	2	ACTU. SIGN	AL ATURE	A	M	10	X	A	_		_	M.D	Λ -		ant_m	EDICA	EXAM	INER		DATE SIGNE	<u>4-6</u>	5-81	
	4				Ann	Μ.	Dixo	n, M	1.D			A	DDRESS.			1	11	² enn	St.	•		Ш	
	24		DIRECTO	R										25a. DA1	E REC'D.								
236. BURIAL CREMATION, REMOVAL 236. DATE Apr. 10, 1981 236. NAME OF CEMETERY OR CREMATORY BURIAL Apr. 10, 1981 (edan Hill (emetery Baltimore, Maryland STATE DATE REGISTRAR'S SIGNATURE MALLY Funeral Home, 1305 E. Fort Ave. Balto. Md. Apr. 7	1	iq ul	ly F	wiero	u 110	Jile,	, , , , ,	(,01	J I C	- /1/	E · LJC		, a I'ILL	AP	K	_19	31_		2,447	7	706	7	

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(VRA 15, 4) 1/79

APR 6 1991 Freshopherby

and completely filled in by the

n signed by the ottending physician Then please remove carbanpopers. P r to burial, cremotian, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the buriol-transit permit. Then with the State Dept. of Health and Mental Hygiene priar to bu

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE	i	0	9	O	5	8	
CERTIFICATE OF DEATH							

	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENES REG N	0 5	1 0	5 0
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	YEAR	26. HOUR
3	(TYPE	ORPRINT) RO	58 1	V L	PR	imore.	4/20/01			279 AM
11	3 SE		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
93		FE MALE	wh	ite	MONT	DAY YEAR	72	YRS	ONTHS DAYS	HOURS MIN
,尚		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
07		ew York	U.S.A	١.	WIDOW	_	ANNEA	rund	le/	MD.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
10	13.	rooklyn PK.	Y 11 -	monds	/ -	ne	Seamstress			Bros.
	USU/	AL RESIDENCE HE NURSING HE	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
35		Md.		Baltimor		YES X NO	3735 Tenth	Stree	t	
	14 FA	THER S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		(A)	ST
20		Albert Ale		NUCHI				De	ANG	GELO
0		VAS DECEASED EVER IN U.S	. ARMED FORCES? . GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDR			
1		NO		220 14 6	336	Norma Larri	more same a	s 13 e		
		18 CAUSE OF DEATH Ente	only ane cause per	line for (a, (b), one	d ic	, –			BETWEEN	ONSET AND DEATH
			DIATE CAUSE (0)	101	pin	along as	Lew.			
		2500	DUE TO, O	R AS A CONSEQUE	NCE OF					
		Canditians, if any, which		ord	Cr	A de Canea	1 englis	gus		
		couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF	V. 1115 & Can	ne entre	Commen		
	- 1		(c)	dra.	relea !	account	4	,		
	Z	PART 2 OTHER SIGNIFICA	NI CONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART TO	a
_	CERTIFICATION	19a. DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b IF YES,	WERE FINDI	NGS USED
4	E SE						YES T NOT	IN CERTIFY YES		OF DEATH?
-	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR				
9		OR CONTRIBUTING CAUSE O			YEAR					
1	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	A/b.l	COUNTY	STATE
	Z	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	SINCE	CITY OR TO	VIC	COONT	STATE
		220.1 certify that (1) (this h	aspital) attended th	e deceosed from	4-	15 19 8	10 4 ~ 9 C	- 1	9.87	that (1) (we) last
		sow the deceased alive abave, (I) (we) (did) (di	d not view the body	ofter deoth.	57	nd that in (my) (aur) opinion o	death accurred an the d	ate and hour	and fram the	causes stated
		22b. SIGNATURE	2			DEGREE	Acres		22c. DATE	SIGNED
						ATTENDING PHYSICIAN	MEDICAL STA			
	ric	22d. PHYSICIAN'S NAME (T	Appendix and	.001	1	22e ADDRESS		RI	1 50 M	d, 21225
1) E	CNII	W LERN		600 man	money any	1 139	10,0	11-1223
	23a 8	URIAL, CREMATION, REMO		10		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
		Burial	4/22	/81 G	len H	aven Memorial	Park Glen	Burnie	A A	Md

DHMH - 16 60M 1/75 (VR A 15 (4))

Burial
24 FUNERAL DIRECTOR
NAME
Geo-A FUNERAL DIRECTOR
NAME

George J. Gonce 4001 Ritchie Hgwy Balto Md.

Glen Haven Memorial Park Glen Burnie

The Market Court of the Court o Con pain excelerate prop of 6 of 6. THE SECOND CONTRACT OF MICHAEL SECOND CONTRACT O requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the hospital or attending physicio TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages I and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic

IMPORTANT: If Item 21 is marked or Item 18 shows any

poge 3 moy be

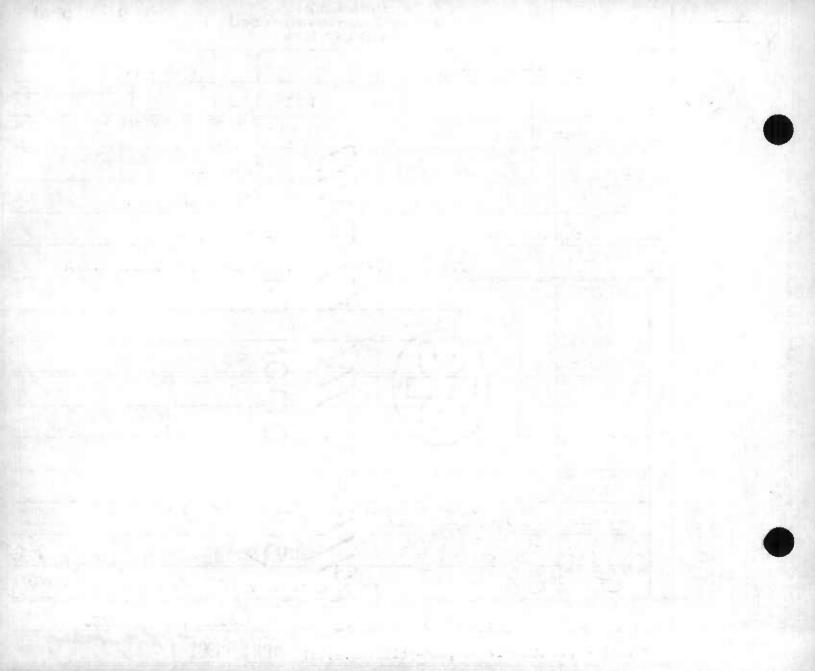
STATE OF MARYLAND

- STATE	DEP	ARTMENT OF HEALTH AND MENTAL	L HYGIENE O	
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
1. DECEASED NAME FIRST	WIODIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ARTHU	Robert	LeMaster	APRIL 10, 198	7.40
3. SEX	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White	Nov 3, 1921	59 YRS	MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OF FOREIGN		ITRY? 8	9 BALTIMORE CITY OR COUN	
Maryland	U.S.A.	MARRIED WEVER MARRIED		COLDIENT
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	S ANNE ANONDELL	COUNTY MI
	(IF NOT IN SUCH FACILITY, GIVE		Truck Driver	G LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HON	NORTH ARUND AE OR OTHER INSTITUTION GIVE RESIDENCE		Truck Driver	Food Fair
	OUNTY 13c. CITY OR			
Md. A	.A. Co. Rivie	ra Bch YES NO X	7-1 0:102000 10	1.
FIRST	MIDDLE	FIRST	WIOOLE	LAST
Ralph 160 WAS DECEASED EVER IN U.S	LeMaste			Hodges
(YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	
Yes	W.W. II 214 1	2 3563 Helen LeM	aster same as 13	
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one cause per line for (o), (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DIATE CAUSE (6) RESP	Iratory FAILURE		3 weeks
1887	DUE TO, OR AS A CONS	SEQUENCE OF	4	
Conditions, if any, which	(b) METAS	TATIC lung Cance	from Bladder	1 % month
gove rise to immediate couse (a), stating the				12 years
underlying couse lost	Bladde	er Carcinom A		12 years
PART 2 OTHER SIGNIFICA		TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION (GIVEN IN PART 110
Arten	issdentic Heart	Disease		
NO Arten		HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
AH			YES NOTE NOTE	TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
210 ACCIDENT WAS UNDERLYING		21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	
0.000		H DAY YEAR		
4 (IF EITHER NOTIFY MEDICAL EXAM	P.M.	19 211. LOCATION		
WHILE IN NOT WHILE I	(AT HOME STREET, FACTORY O		CITY OR TOWN	COUNTY STATE
		rom 12-27 10	80 4-10	10 8 that (I) (we) last
	ospital) attended the deceased f	0.1	nion death occurred on the date and h	, in the the test
	not) view the body ofter death.		one occurred on the date and r	
22b. SIGNATURE	1/	DEGREE	NG AFDICAL STAFF	22c. DATE SIGNED
V-	2 5 119h		MEDICAL STAFF	4-11-81
274 PHYSICIAN'S NAME	E OR PRINT)	22e ADDRESS		
LONG	s. Hsu	4922 Tei	n Mills Road, Columb	ia, Md 21044
23a BURIAL, CREMATIO I, REMO		23c. NAME OF CEMETERY OR CREMATO		
Burial	4/13/81	Glen Haven Mem Pa	ark Glen Burnie	STATE Md.
24 FUNERAL DIRECTOR		25		AND PILLS

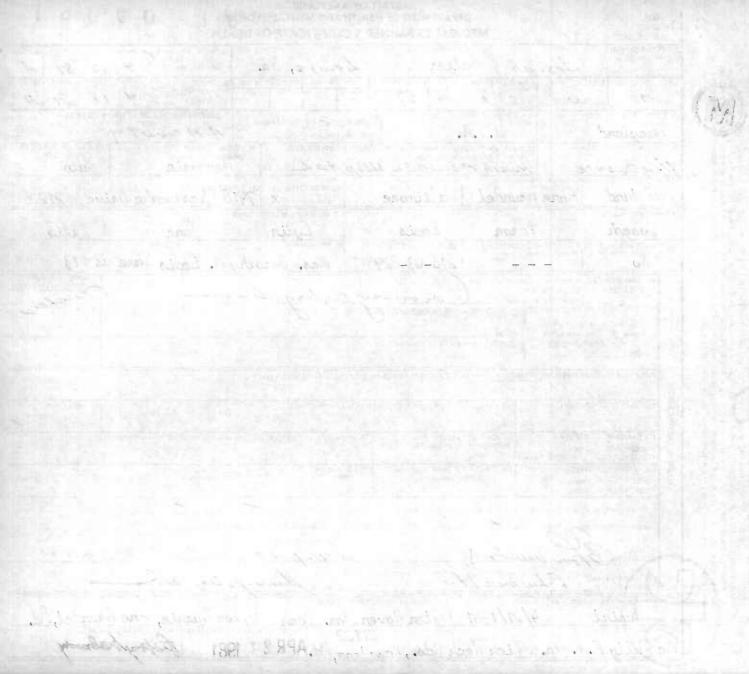
J. Gonce 4001 Ritchie Hgwy Balto 21225

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

C 324 1 医多种动物 经成年的证据 metalitatic has cover to a dedice . It mouth 12 4 AB identification in the second survey Track strategy to A 3 - 44.0 40 whom for following commercial allowed



2/1-	FOR STATE			EPARTMENT O	FHEALT	MARYLAND H AND MENTAL			0 9	U	6	1
10	REGISTRAR CEASED NAME	FIRST	MED	MEDIE	NER'S	CERTIFICATE		REG. I		H DAY	YEAR	2 110
	PE OR PRINT)	Joseph	6 Wa	lter	~	lewis, 5		OF ESTI-	04	18	198/	2b. HO
3. SE	X 4. RACE	MON		YEAR LAST SIRT	YEARS IF U		R 24 HRS. 2c.	DATE DNOUNCED DEAD	MONTH	DAY 18	YEAR 1981	2d. HO
F	IRTHPLACE (STATE OR DREIGN COUNTRY)		U.S.A	AT COUNTRY?	8 MAR	RIED A NEVER MAR	RIED	BALTIMORE CITY	_	NTY OF I		1/4
	ITY OR TOWN OF DEAT	(IF	AME OF HOSP	ITAL, NURSING HOLITY, GIVE STREET ADDRESS	S)	HER INSTITUTION	120 USUAL	OCCUPATION (T OF WORKING LIFE)		OI	ND OF BURN INDUSTI	JSINESS RY
1399	AL RESIDENCE (IF IN NURS STATE anuland		INSTITUTION, GIVE		SSION)	13d. INSIDE CITY LIMITS?	13c STREET		the O			226
4. F	ATHER'S NAME	WIDDI		LAST		15. MOTHER'S MAIL	1//	MIDDLE	ute Di	uve	21	220
	Joseph	Pai	ron	Lewis		Lydia		Jane		8	Ellis	1
	WAS DECEASED EVER II	N U.S. ARMED FC		216-03-8	298	Mrs. Do	rothy M	1. Lauis	ss Same	as t	#13	
NOI	couse (a) stating the lying couse last. PART 2 DTHER SIGNIFICANT		(c)	S A CONSEQUENC		SE DR CONDITION GIVEN IN I	PART 1 (a).					
CERTIFICATION	190. DATE OF OPERAT	ION	196. CONDITIO	ON FOR WHICH OF	ERATION	VAS PERFORMED?					AUTOPSY	? NO ₽
	210 EXTERNAL CAUSE UNDERLYING OCONTRIBUTING C	R	21b. TIME OF I HOUR A.M. P.M.	njury Month Day ye	AR 21c. H	OW INJURY OCCURE	RED (ENTER NATU	RE OF INJURY IN ITEM I	18 PART 1 OR			110 €
MEDICAL	21d, INJURY OCCURRE WHILE NOT W AT WORK AT WO	VHILE T	21e. PLACE OF STREET, FACTO		21f. LC	OCATION STREET	CI	TY OR TOWN	C	COUNTY		STATE
	22a. I certify that I t death resulted from: ACTUAL SIGNATURE			ibed above, held ar Accident ,	Auto	Inspection of the control of the con	Undeterm	nquiry , coined manner	ond in my o	E au	18.5	.,
22a D	EXAMINER'S NAME (TYPE OR PRINT)	F.LINI	media	/.		ADDRESS A	nepol	in, ned	2_			
(Burial Burial	4/2	21/1981	Glen H		Men. Park	23d. LOCA	NA CANC	Anne	Arun	del si	Md.
M. F	UNERAL DIRECTOR	.Mtn. & 7	ick Ne		211	22 Z36. DATE	2 1 198		GISTRAR'S	SIGNAT	URE	



STATE OF MARYLAND

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	1-	STATE REGISTRAR		DEFAR	CERTIF	CATE OF DEATH	TOTAL G	REG. NO.			
		CEASED NAME PIRST PUTT	· ·	AIDOLE .	1.	ing ston	2e. DATI	Apri	1 16,19	81	AM
	3 SEX	Female.	1. RACE	te	S. DATE O	F BIRTH DAY YEAR	00	IN YEARS LAST BIRTHDA	YRS.	LYS HOU	NDER 24 HRS.
5	cc	STATE OR FOREIGN DUNTRY	4.5	WHAT COUNTRY	WIDOWE	4-1		Gane 1	Grandel		MD.
C	5	eversa Park	(IF NOT IN SUCI	H FACILITY, GIVE STRE	et address)	R OTHER INSTITUTION	(TYPE OF	WORK FOR MOST OF W	ORKING LIFE) (NDUS)	one	
5	(3a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFO (3c. CITY OR TO	WND	13d. INSIDE CITY LIMITS YES NOTHER'S MAIDEN	9	EET ADDRESS Lunc	Lane		
0		George	Miogle C	henew	ieth	Marga	ret	ADDRESS	Uni	Choc	UN
	16a W (Y	VAS DECEASED ÉVER IN U.S. AR (15, NO OR UNKNOWN) (15 YES, GIVI	MED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT	- G. L		Jr. Hugh	esvi/	K MD
		Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause lost.	D BY: TE CAUSE (o) DUE TO, OI (b) DUE TO, OI	R AS A CONSEQ	UENCE OF	al catal	ectio	N	3.	OM	AND DEATH.
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT				NOT RELATED TO THE T		AUTOPSY?	20b. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS I	USED DEATH?
7	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OC	CURRED JENT	ER NATURE OF INJURY	IN ITEM 18, PART 1 OR PAR	T 2)	
	MED	21d, (NJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE IAT HOME, STE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	2H LOCATION STREET		CITY OR TOWN	COUNTY	,	STATE
		270.1 certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no 270. SIGNATURE	HORI ot) view the body	16 19	FL.	DEGREE ATTENDIN PHYSICIA ADDRESS	NG MEDI		226. 0		
1		CTENE D.	TREF	tin.		16 MOI	RRAY	AVE	ANNAP	lis	Md
	(BURIAL, CREMATION, REMOVAL	23b. DATE		Loudo		netery .	BOLY ME	Sb. REGISTRAR'S SIG	NATURE	STATE
	24 F	Modert S. Be	rranco	ADDRESS SE	501 K	Park MO	APR	2 0 1981	Jest Frag	No C	ready

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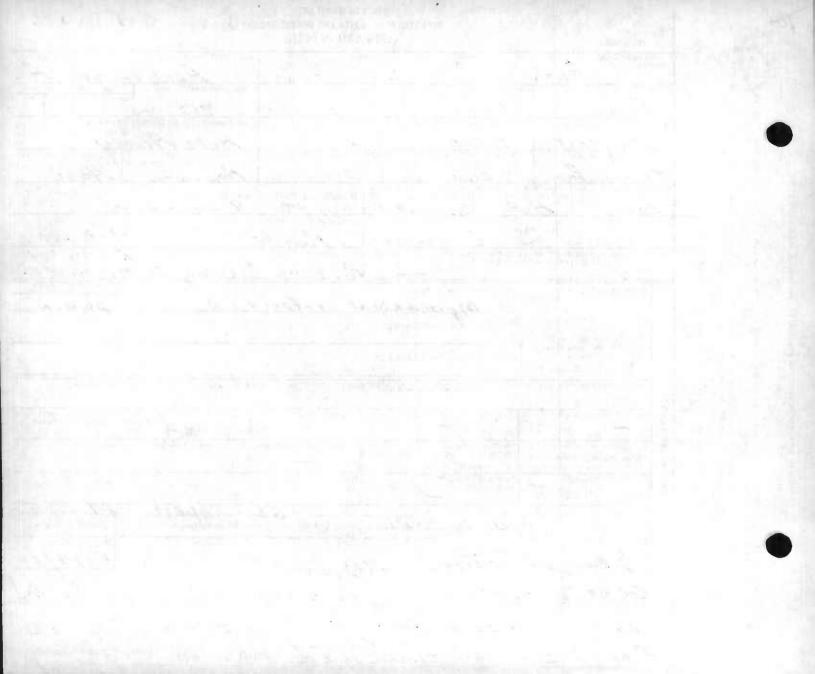
TO FUNERAL DIRECTOR: After this

O HOSPITAL

(VR A 15 (4)) 9/74

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur MPORTANT: If them 21 is marked or them 18 shows ony

injury, or other troumotic



	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Ed by the hospital or ottending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	9
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	OSPITAL OR ATTENDING PHYSICIAN: The I ed by the hospital or ottending physician.
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	O P

1	FOR - STATE * REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 3 E.S.T.
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR	26 HOUR
1	MARY	V.	LOGIS	APRIL 10,198	
3. S		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
1/	Female	Caucasian	July 12 , 1902	78 YRS	
35	sirthplace (state or foreign country) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐	9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY	MD.
0//	LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) H ARUNDEL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST	Home
USU 130.	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN A	other institution give residence before the country and the country of the countr	E ADMISSION) VN 13d INSIDE CITY LIMITS? PN16 YES K NO	13e STREET ADDRESS 1020 Cayer Drive,	
20 14.6	ATHER'S NAME Charles	MIDDLE Platz	er Barbara	ME MADDLE	ndner
9 , 160	WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESGIEN Burn ert,1009 Glenvilla	nie.Md.
injury, or other troumotic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	V many	Correlation Given in Part	1(0
8 shows ony injur	19a date of operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FIN IN CERTIFYING CAUS	
- VC3	OR CONTRIBUTING CAUSE OF DEA	The state of the s	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART :	2)
rked or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	CITY OR TOWN	STATE
21 is mo	sow the deceased alive on	tol) ottended the deceosed from	and that if (my) (our) opinion	death occurred on the date and hour and from t	_, that (I) (we) lost the couses stated
T: # Hem	22b. SIGNATURE	Titles 1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	ITE SIGNED .
MPORTANT: #	ANASTACIO E.	SUBONG, M.D.		OAKWOOD ROAD BURNIE, MARYLAND 2106	51
≤ 230.	BURIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY udon Park Cem.	23d. LOCATION CITY OR TOWN Baltimore	Md.
0	uneral director James S. Kirk	lev. Glen Bui	mie, Md.	R 14 1981 PAR 256.	ATURE

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			MONTH D	AY YEAR	LAST BIRTHDAY	MONTH		OURS MIN	PRONOU	NCED	4		81	20. HOUR
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FC	DREIGN COUNTRY)		USA	· ····Ai cooi			ED NEVER		J		_			
	icago,			HOSPITAL NEI	RSING HOME,	WIDOW		ONORCED L	JSUAL OCCU	9. CO	UNT	12b. KIND	OF BLIC	MD
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13a. S	D.C.	134. COUN	ITY	Was	or town shington	n	YES YES	LIMITS? 13e. S	317-Th	ird S	treet	S.E.		
14. F	ATHER'S NAM		MIDDLE		LAST			MAIDEN NA		MIDDLE		LAS	r	
		ck F. Lon						eanor l						
60.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY		17. INFORMAL		enry,I					
	Yes	WWLI		336-	-03-858	5	Willi	am J. 1	Long-B	ro. 81	13 No.	. Lil	lian	St
	18. CAUSE C	OF DEATH (Enter on	ly one cause per	lin or (a), (b), and (c).)	1	,					APPRO	MATER OHISTA	HTERYAL
	PARTIDI		TE CAUSE	and	race (in	ent					1/2	edde	n
	42	75		OR AS A CON	SEQUENCE O	F								
	Canditlo gave ri	ns, if any, which	(b)										110	
) stating the under-		OR AS A CON	SEQUENCE O	F					_			
	Tyling con	use iosi.	(c)_											
	PART 2 OTNERS	IGNIFICANT CONDITIONS	CONTRIBUTING TO DI	EATH BUT NOT REL	ATEO TO THE TERMIN	IAL OISEASE	OR CONDITION GI	VEN IN PART 1 (a).						
CERTIFICATION														
CAT	19a. DATE O	POPERATION	19b. COI	NDITION FOR	WHICH OPERA	TION W.	AS PERFORME	D?				20. AUT	OPSY?	
TIFE			1									YES		NOUT
		AL CAUSE WAS		E OF INJURY A.M. MONTH	DAY YEAR	21c. HC	OW INJURY O	CCURRED (ENT	ER NATURE OF I	NJURY IN ITEM 1	8 PART 1 OR PA	ART 2]		
CAL		G OR ING CAUSE OF	DEATH	P.M.	19									
MEDICAL	21d. INJURY (STREET	CE OF INJURY			TREET		CITY OR TO	OWN	ce	YTHUC		STATE
~	AT WORK	NOT WHILE [
	22a Leert	ify that I taak charg	e of the remains	described abo	ve. held an	Autops	y D	spection 🗗	Inquiry	P.	ınd in my a	pinian		
	death result		ral causes	Accident		ide .	Homicide		determined n			p		
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		7400					1		EDICAL EXA	MINEK	SIGN	CU	-	
	EXAMINER'S (TYPE OR PRI	NT)	-LINH.				ADDRESS	lun	apo la	, med	my la	el		
(SPEC(FY)	TION, REMOVAL			NAME OF CEM			234.	LOCATION ITY OR TOWN Washin		COL	JNTY	STAT	TE
	remati		April	22,198	Lee's	Crei	natory	1	Washin	gton, I	J.C. 2	20002		
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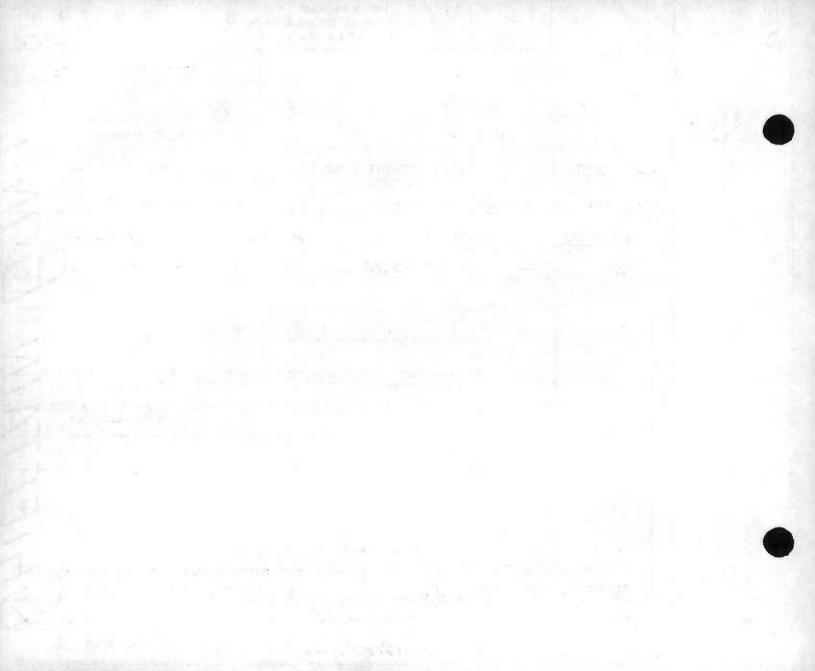
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Charles L. STevens Funeral Home, Isc. 1501 E. FORT Ave 10PR 20

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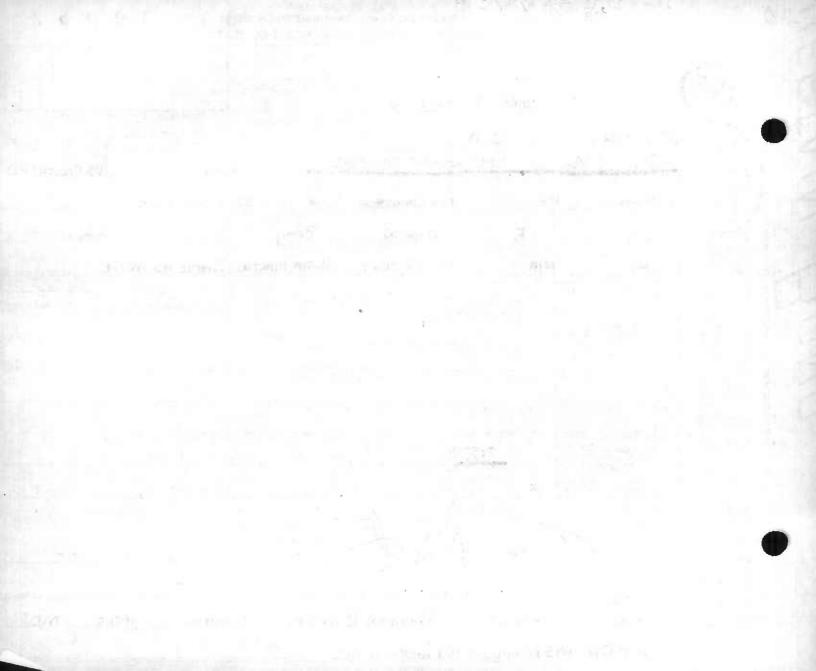
STATE OF MARYLAND



6 6		FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG	GIENE 8	09066
		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	1
ay be		Lill	an	Majerowicz	4	- 138/ 15/0m
ge 4 m:	3 SE	Female	1 RACE	5 DATE OF BIRTH MONTH DAY YEAR 10 27 02	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
n. Pa		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		BALTIMORE CITY OR CO	
deen deen n 72 n 72 h		Oregon	U.S.A.	WIDOWED DIVORCED	ANNE ARU	NDEL CO MO.
by the fued within	An	TY OR TOWN OF DEATH	I). NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACHITY, GIVE STRI	-1 /- 1 1 -1	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 17b KIND OF BUSINESS OR INDUSTRY
9 6 2 3	USU 13a	AL RESIDENCE (# NURSING HOME OF TATE 136 COU	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13a STREET ADDRESS	
within 24 lt tely filled is should be texaminer m	_	MD. A.		LAC YES NO W	718 Pasa	dena Kel.
T 00 1 1	14. F/	THER'S NAME	MIDDLE SKIASIY	IS MOTHER'S MAIDEN NA	WIDDIE	Plucias:Ki
d compiles 1 and 2	16n. \	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRESS	7-1-07-7-0
an and Pages		No	212-74	-7861 Veronica	Majerowice	- Sec. 13
certifica ng physici on papers r removal		PART I. DEATH WAS CAUSE	11-11	Taneste Lex	shome	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 m-0
nding nding srbon , or re		2000	DUE TO, OR AS A CONSEC	WERNCE OF	112	
the de e atternove cannation		Canditians, if any, which gave rise to immediate	(b) G	Jeneralized N	reprises	4 mo
es that 1 d by the ase rem al, crem y, or otl		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UPINCE OF		
require signed en plez to buri y injury	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
law beer cor	TIOI	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20	I. IF YES, WERE FINDINGS USED
CIAN: The rcian. if icate has the mist permit Hygiene pr	CERTIFICATION	THE DATE OF CITERATION	170 CONDINON FOR WITH	CITOTERATION WAS PERIORMED		CERTIFYING CAUSES OF DEATH?
YSICIAN: hysician. certificate il-transit p intal Hygie		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
I	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER 214, INJURY OCCURRED		211. LOCATION		
DING P tending After th the bur h and N	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OF TOWN	COUNTY STATE
TENII I or at FOR: Use as Healt		22a Certify that (I) (this hosp	mol) attended the deceased from	Dec. 1980	10 Cigni	3 19 5 (, that (I) (we) last
hospital DIRECTHE for DEPT. of If Item		saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	it view the bady after death.		death occurred an the date o	and have and fram the causes stated
T: Ge G		Gary M. Ox	illand son	M P ATTENDING PHYSICIAN B	MEDICAL STAFF DIRECTOR PHYSICIAN	41201
TO HOSPIT, retained by to TO FUNERA should be determined by the State with the State IMPORTAN		274 PHYSICIAN'S NAME ITYRE	RICH ARdson	JMD 104 Foods	Street 1	fun Apolis, Md.
She She	23a 8	URIAL, CREMATION, REMOVAL	23h. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP		Burial	4-16-81 5	t- Morris Cemeter	y Honapa	Is B.A. MD
DHMH-16 25M (VRA 15, 4) 1/79	24. FI	NAME OF S. Ba	-ranco - Seve	ALL TOUR TOUR	REC'D. BY REGISTRAR 256	TEGISTRAP'S NOVA URE

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3 DE 38	3. SE	X 4.	RACE	S. DATE OF	BIRTH	YEAR	6. AGE (IN Y	EARS IF U	NDER 1 YR.	IF UNDER		RONOUN	CED	MÖNTH	DAY	YEAR	24 HOUR 6:00
\$365E	-		White	MAR	3	1943	38			I I GORD		DEAD		4	3	1981	a.M
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ANN STATE OF	N	EW JERSEY			SA.			WIDO		DIVORC			Aruno			/	MD.
MD. 21201 H. IF ANY DELAY IS NEGES 7, 2, AND 3 TO THE HUNERA A 3. REMAIN PAGE 5 FOR 2.2 SHOULD BE FILED WITHIN	10. C	len Burn	DEATH	11 NAME (OF HOSP	ITAL, NU	RSING HOM	E, OR OT	HER INSTITU	NOIT	FOR M	OST OF WORK	ATION (TYPE	OF WORK	12b. KII	ND OF BURNING	SINESS
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AN PER PER	0	Roy		F,			MRTIN		B	eny					GiB	in	
C ON TERM	16a. \	WAS DECEASED E	(IF YES, GIVE	MED FORCES WAR OR DATES)			CIAL SECURI		17. INFOR			0	ADDRESS				
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: TITH FORM PM 3. REPAGES 1 AND 2 SHOULD VISION OFWITAL RECOI		No		A			-56-50	29	Glori	A MAK	MITS.	Sem	E AS P	BUDEN			
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Z PEL T		lying cause		DUE	IO, OR A	S A CON	NSEQUENCE	OF									
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CRTHICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG W. R. 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. E DEPARTINENT OF HEALTH AND MENTAL HYGIENE, DO TO THE OUT OF HEALTH AND MENTAL HYGIENE, DO TO THE OUT OF THE OUT OUT OF THE OUT		PART 2 OTNER SIGNI	FICANT CONDITIONS	(c)		T NOT OF											
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PIN ARIES CANADA PON AR	1 2	WHILE AT WORK	NOT WHILE	X STE	REET, FACTO	ry, farm, e reet	TC.)	Rt	STREET P:	2 + 11 × 01	at Di	CITY OR TOV	ridge.		YINU	runda	STATE .
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CUTE A LA L	4	EXAMINER'S NA	Thom	as D.	Smit	h. M	1.D.		ADDRESS_	- 1	II Pe	nn St	reet				
PAGE PAGE	23o. E	URIAL, CREMATIC		23b. DATE			NAME OF CE	METERY		ORY		ATION R TOWN					
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3605 DHMH-17	24 F	UNERAL DIRECTO			ADDRESS	•		NIA .		236. DATE	REC'D. BY	REGISTRA	R 25h REGIS				
(VR A15 ME (5))	6	RANT F.	4. 9013	ANNAD	olis	Rd 1	ANHA	m m	D	AP	R7	1981			200		
15M 2/80											.,						



page 3 or death

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

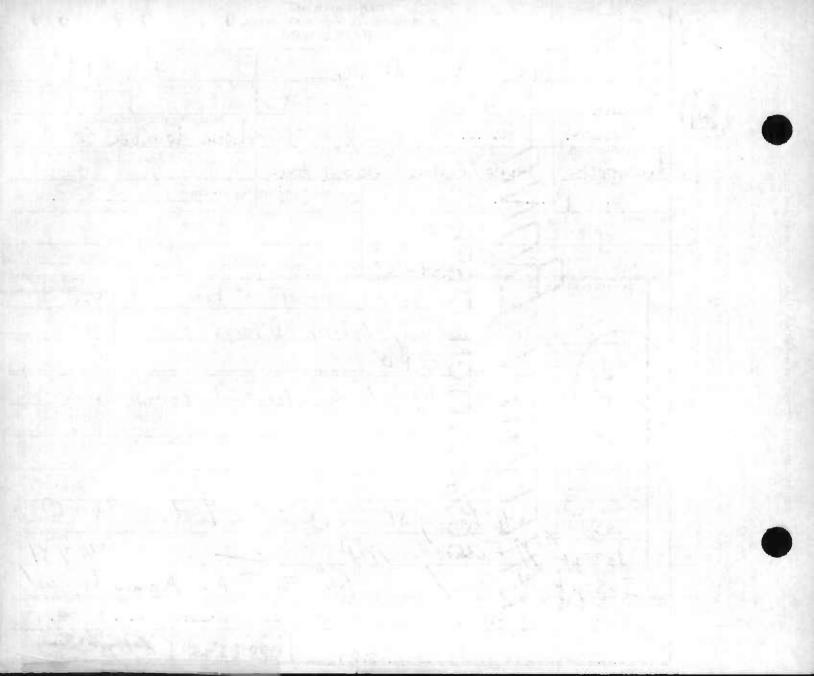
- 1		REGISTRAR							F	REG NO.				
		CEASED NAME FIRS			T TO A TO LINE		AST		2a. DATE OF DE	ATH MONTH		EAR	In HOU	25/
		JUN			LIZABETH	_	MA SON		1.465	4-		8/	2	/AM
1	3 SE)	Fema1e	1	RACE Whit	е	5 DATE O		30	6 AGE (IN YEARS	,	IF UNDER	DAYS	HOURS	MIN
U		RTHPLACE (STATE OR FOREIGN	7 b		WHAT COUNTRY?	8 MARRIE	D X NEVER	MARRIED -	9 BALTIMORE	_				
2		Maryland		U.S.		WIDOWE	D D	IVORCED			County	,		MD.
3	A	nnopolis		Anne A	OSPITAL, NURSING FACILITY, GIVE STREET H	ospit		TITUTION	12d USUAL OCC (TYPE OF WORK FOR Clerk				y & (
6	13a S	7	COUNT	CO.	GIVE RESIDENCE BEFOR 130 CITY OR TOW Crowns V	/N	13d INSIDE C	NOX	330 Tud	or Dri	ve Cro	210	032 vill	e,Md
20	14 FA	Francis	WIL	3 101 E	Neigho	off		s MAIDEN NAM FIRST herine	M	IDDLE		Vid:		
		VAS DECEASED EVER IN U		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMA	ANT		ADDRESSC:	rownsvi	11e	, Md	1.
		NO			217-26-1	L205	LeRoy	B. Mas	on 330 I	udor		-	.032	
7	CERTIFICATION	Conditions, if ony, whi gove rise to immedia couse 10 stating to underlying couse lo PART 2. OTHER SIGNIFIC	ich ote he list ANT CO		AS A CHISEQU				20a AUTOPS	(? 20b.	N GIVEN IN PA	FINDIN	VGS USE	TH?
1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED	OF DEATH	P./ 21e PLACE (M. MONTH D M. DEINJURY	19	21f LOCATE		ED (ENTER NATURE	OF INJURY IN ITS	EM 18, PART 1 OR PA			1
	ME	WHILE NOT WHILE OF WORK		(AT HOME, STR	EET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CIT	YORTOWN	COUN	1A	S	TATE
		226.1 certify that (I) (shists sow the deceased of above, (I) (1) 128. SIGNATURE	did not)	view the body	2 5 192		DEGREE	ATTENDING PHYSICIAN	medical		226.		that (I) (Courses str	oted lost
	20.0	R. I-Ho	chin	.84,	lud		16 MIC	urry	Ave,	Auna	1065,6	ed	200	401
	23a. B	BURIAL, CREMATION, REMI SPECIFY) Burial	OVAL	23b. DATE 4/20/8			EMETERY OR	t. Cem.	23d. LOCATIO	WN	A A	Co	Md	ATE
	24. FL	UNERAL DIRECTOR		4/20/0					REGID BY DEGI	STRAR 23	FIRARS	P.	وعاستان	
	-	ibbard Funera	1 H	ome, In	c. 4107	Wilke	d. 2122 ns Ave.	HAH	% u 1981	-	Like		7	

DHMH - 16 50M 1/76 (VR A 15 (4))

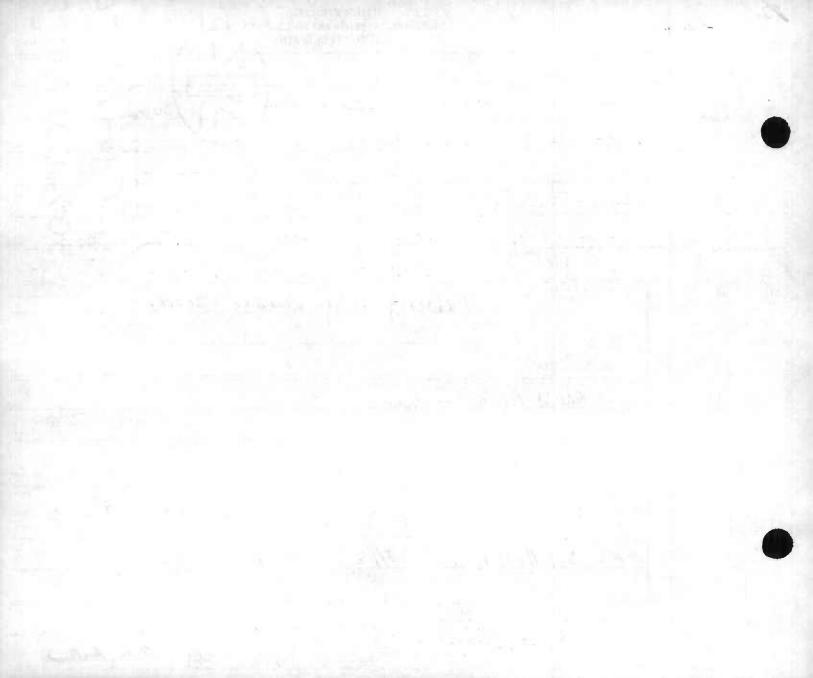
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8	FOR 1 - STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND T OF HEALTH AND MEN RTIFICATE OF DEA	ITAL HYGIENE 8	Q REG. NO.	906	9
may be poge 3 r deoth	1. DECEASED NAME (TYPE OR PRINT) 3. SEX	Lul A	Mae V.	CALEER DATE OF BIRTH	20 DATE OF DE	4-9	-81	HOUR M NDER 24 HRS
deoth. Page 4	FEMOLE 10. BIRTHPLACE (STATE OR COUNTRY WEST VA	White FOREIGN 76 CITIZEN OF V U.S. A		ARRIED NEVER MAR	RIED 9 BALTIMORE	CITY OR COUNTY	OF DEATH	MC
by the filled with foldified	LINCITY OR TOWN OF DE	ANNE A	HYACIUTY ONE STREET ASKES	denierzal Hz		R MOST OF WORKING LIF	12b. KIND OF BU INDUSTRY Chur	
	14. FATHER'S NAME	136 A.A.Y Co.		13d INSIDE CITY YES NOTHER'S MA	AIDEN NAME		Island Rd	•
completely for some sole completely for sole c	George	MIDDLE	Bal TST	NO. 17. INFORMANT	Bell "	ADDRESS	LAST	
be exe on and 3. Page e media	(YES, NO NONKHOWN)	(IF YES GIVE WAR OR DATES) H (Enter only one cause per	\$1954.832	7 Mary Lou	ise Phillips		lomons Is	
equires that the death certificate be signed by the attending physicia. Then please remove carbon papers to burial, cremation, or removal. injury, or other troumatic event, the	Conditions, if any gove rise to im cause (a), stati underlying cause	mediote	COVONARY RASA CONSEQUENCE	Arlery	DISCASE THE TERMINAL DISEASE O Tracheal		Y + 5 (1) (EN IN PART 1(a) (75 \$ 1 4 h	
IG PHYSICIAN: The low re ottending physicion. Let this certificate has been is the buriol-tronsit permit. In and Mental Hygiene prior riked or item 18 shows any it.	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21.1. INJURY OCCUR	DERLYING 216. TIME OF HOUR A.A. HOUR A.A. (CAL EXAMINER)	FINJURY M. MONTH DAY M.	YEAR 19		O N CERTIF	Named	
A After of Se os eouth	220 I certify thou		e deceased from		of political death accurried to	n the date and hau	19 tho	
TO HOSPITAL retained by the TO FUNERAL should be detained with the State IMPORTANT:	Jusca			270 ADDRESS 10/6 E OF CEMETERY OF CREATING to Nati	C194 OD 1	Anm	0 1	STATE
BP DHMH- 16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR		ADDRESS Md.		250 DATE REC'D. BY REG APR 1 3 19	ISTRAR 25b. RESIST		-4



-	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND MICATE OF DE	ENTAL HYG		0	9 0	7 0 EST
		CEASED NAME FIRST	MID	DIE	L	AST		2a. DATE OF DEAT		DAY YEAR	2b HOUR
D 0		SALLY	MY	RTLE	MC	COMAS		APRI	L 20,]	1981	2:10P M
(inter	3. SE.		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS
21/		Female	Whi	te	Mar		1901		80 YRS	MONTHS DATS	HOURS MIN
201		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WI		8 MARRIEI	□ NEVER MA	ARRIED 🗆	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
E 500		. Virginia		S.A.	WIDOWE	DIV	ORCED [COUNTY	MD.
Posting 4	10 C	GLEN BURNIE		SPITAL, NURSIN ACILITY, GIVE STREET ARUNI	ADDRESS)		NOITUT	12a USUAL OCCUP (TYPE OF WORK FOR MC Homem	ST OF WORKING	LIFE) INDUSTRY	Home
per leg	USU, 13a, S	AL RESIDENCE (IF NURSING HOME C	PROTHER INSTITUTION GRANTY Annelia	E RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CIT	VILLATEO	13e STREET ADDRE			
35	-	1.00 000	indel	Seve			40 🔯	858	Steve	nson Re	oad
i o	14. F.A	THER'S NAME	MIDDLE	LAST		15. MOTHER'S		ME			
6540		James	W.	Baile	ev		ally	MIDDL		Ced	cil
medicol		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	220.22	RITY NO.	17 INFORMAN	T (Sc		DRESS		e as # 13
ol. the medico		18 CAUSE OF DEATH (Enter o				-0-	, «	on D. N.	Comas	APPROXI	MATE INTERVAL
went,		PART 1. DEATH WAS CAUS	ED BY:	MARIAS	4 11	Tes 1	Luca	che De	1184/	BETWEEN	ONSET AND DEATH
or re		4149 MMEDIA		S A CONSEQUE	20000	1	70.				
ion,		Conditions, if ony, which	(6)	IS A CONSEQUE	NILE OF						
ol, cremot		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A	s a conseque	NCE OF						
injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	IN AL DISEASE OR C	ONDITION G	VEN IN PART 110	
shows ony	CERTIFICATION	19a DATE OF OPERATION	19h CONDITK	POR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?	IN CERT	S, WERE FINDIN IFYING CAUSES ES []	GS USED OF DEATH?
T ®	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF I		V VEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PART 2)	
or Item	CAL	OR CONTRIBUTING CAUSE OF DE		MONTH DA	19 19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA		211 LOCATION	1	CITY O	RIOWN	COUNTY	STATE
morked		220.1 certify that the hosp	t D and de tal		41-	16-71		11	- 1 /2	5/	0
n 21 is r		sow the fleceosed alive or		er death.	, on	that in my (a	ur) opinion d	teath occurred on the	e date and ha	ur and from the	thot(1)(we) lost couses stoted
ote Dept		214 SHIGHTANIA	Way	ald	MA	PGREE AT	TENDING TYSICIAN 2	EDICAL S	TAFF SICIAN []	22c. DATE	SIGNED
TAN		22d. PHYSICIAN'S NAME	de raidit	Mr. Boc		22e ADDRESS		OSPITAL DI		204	
with the Sto		CHARLES R. M					GLEN I	BURNIE, MA			
3 2	23a B	URIAL, CREMATION, REMOVAL	23b DATE A	pril 23c N	AME OF CE	METERY OR CR	EMATORY	23d LOCATION			
		Burial	24,1		se Ta	wn Mem	pk.	Princ	oton	COUNTY	W.VA
W 1/81	24 FL	INERAL DIRECTOR	13/ pres	n	GLEN	BURNT	E 25a DATE	REC'D. BY REGISTR	AR 256 REGIS	TRAR'S SIGNAT	URE
4)		SINGLETON F	UNERAL F	IOME	MAR	LAND	API	2 2 1991	Pin	try heal	ready



5 1 15 mm Real Towns of the second of th Marie Hill Gura Million Bow I was a way to the world of the same of the same of MEAN THE SHOP IN THE STORY OF T

MARYLAND

FUNERAL HOME

STATE

45 30AL 2/80

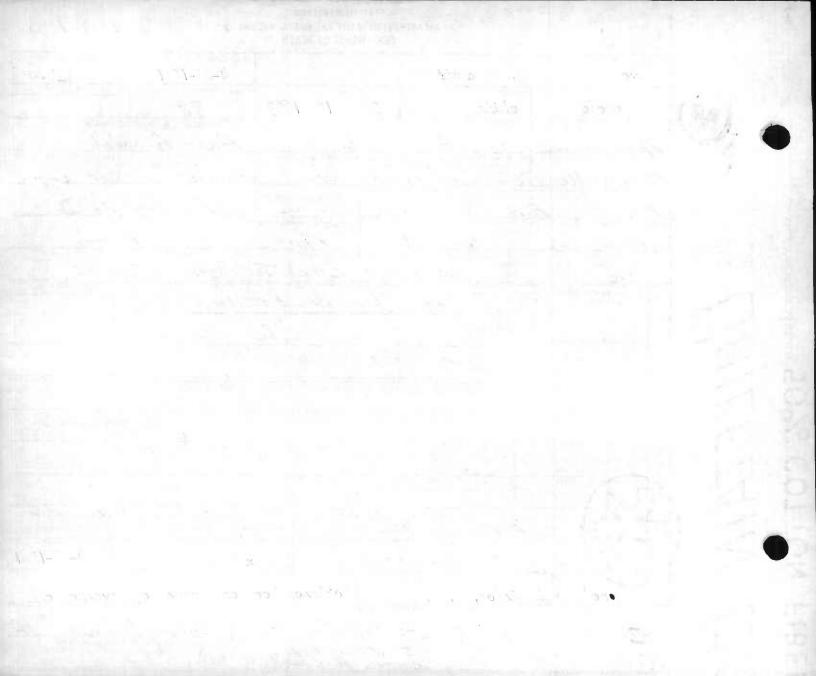
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CHARLIN JULIAN KONDON KARLIN N. THE Yayuon aadam a sama lag all a sama a sama lag a sama lag Telled New York Throng Throng Tellion (1917) with the control of t MANUEL CANCEL DE MANUEL PROPERTY AND RESIDENCE AND RES

(VR A 15 (4)) 9/74

STATE OF MARYLAND



STATE OF MARYLAND

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The Art Court of the Court of t

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

CERTIFICATE OF DEATH

REG. NO

FOR STATE

REGISTRAR

PINNA - PINNA All . U. S boowwood Fire May Police

Glen Burnie, Md.

FOR - STATE

(VRA 15, 4)

Raymond C. Fink

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

the state of the s LEGINARD EN SCALE MARINE, SA. APRILLED SO STATEMENT AND ST

23b. DATE

E.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

LAST

METTEE

Glen Burnie 250. DATE REC'D, BY REGISTRAR

23d. LOCATION

Pk

REG NO

APRIL 30.

2n DATE OF DEATH

STATE

NOF

STATE

26 HOUR

175 KIND OF BUSINESS OR

IF UNDER 24 HRS

1981

IF UNDER I YEAR

INDUSTRY

Local

Snyder

24 FUNERAL DIRECTOR

DHMH - 16 60M 1/75 (VR A 15 (4))

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

- STATE

(TYPE OR PRINT)

1 DECEASED NAME

REGISTRAR

CHARLES

George J. Gonce 4001 Ritchie Hgwy Balto

23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem

YES T

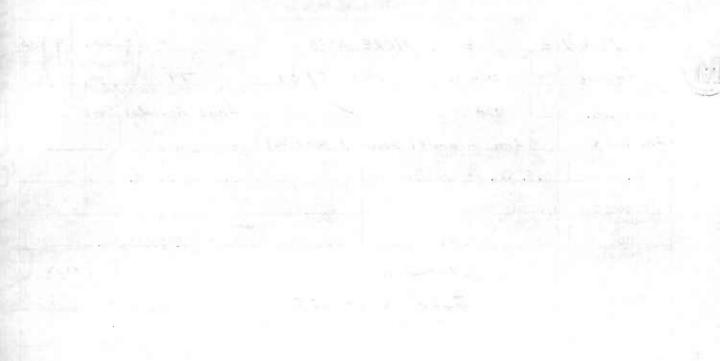
COUNTY

22c. DATE SIGNED

THE SO, LIES	September 1997	
THUR THURST IN	Office of the second	in Paral and
	of the malayer toys in	AND WARREN
	x webseu	Market Market
100 L7 CC 9850 0971)	A 28 (C. 1) 63 32 C.	
ald.		

MENT P 1901 (1906 AT 1944)

2	1	FOR - STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 1	0 9 0	7 9
	1. DE	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
-	_	MINNIE	E.	MO	RELAND		4/30/8	1 9:50PM
13	3. SE	X	4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	
ソ	But o	Female	whit		19/05/01	79		
50		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
2	10 C	leale Md.	USA		ME OR OTHER INSTITUTION		-undel Co	MC
` >			(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRES	5)	12a USUAL OCCUPATI		D OF BUSINESS OR
-	JSU	AL RESIDENCE (IF NURSING HOME O	Anne Are	endel Ge	neral Hospital	housewife		
1	130	STATE 136 COL	JNTY 13c.	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
hand .	14. F.	Md. A.	A. Co.	Lothian	YES NO W	318 Bayar	rd Rd.	
20		FIRST	WIDDLE	LAST	FIRST	WIDDLE		LAST
	16a '	Frederick Augu		SOCIAL SECURITY N	Julia 10. 17 INFORMANT	ADDRE	Mas Mas	on
		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					
	-	no I no		-12-9172	I Benjamin M	loreland Anna		POVIALATE INITEDVAL
		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	ED BY:	Ortal, (b), and ici.)				ROXIMATE INTERVAL EEN ONSET AND DEATH
		1000 IMMEDIA	ATE CAUSE (U)				8	1(3)
		1001	DUE TO, OR AS	A CONSEQUENCE	CANCER			
		Canditions, if any, which gove rise to immediate	(b)	LADVBK	CANCUR			
		couse (o), stating the underlying cause last.	DUE TO, OR AS	a consequence (OF .			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH	BUT NOT RELATED TO THE TER.	MINIAL DISEASE OR COM	OCTION CONTINUES.	
	Z O	TAKE 2. OTTEK SIGNIFICATO	CONDITIONS CONTR	IBOTING TO DEATH	BOT NOT RELATED TO THE TER.	WIN AL DISEASE OR CON	JITION GIVEN IN PART	Ifa
-	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
1	TIFIC					YES TI NOW	IN CERTIFYING CAUS	SES OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU		RY IN ITEM IB PART I OR PART	
7	AL	OR CONTRIBUTING CAUSE OF DI	MIN	MONTH DAY Y	EAR			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	IJURY	211 LOCATION			
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET FA	CTORY, OFFICE, FARM, ET	STREET	CITY OR TO	wn COUNTY	STATE
		220.1 certify that (1) (this hasp	oital) attended the dec	eosed from 4	-27 19.8	1 10 4-3	30 108/	that () (we) las
		sow the deceased alive o	4-30	10 81	, and that ip (my) (aur) opiniar	death accurred on the do	ate and hour and from	the couses stated
		above, (I) (we) (did) (did n	of view the bady after	death.	DEGREE			ATE SIGNED
		(/home	7	blom)	ATTENDING	MEDICAL STAF DIRECTOR PHYSIC	F AV	5-1-01
T		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS	DIRECTOR PHYSIC	IAN L	320881
Н		TNORAS MAI	22526 NOE	, 17)	1340NE	NSVILLE &	>> 11.55-	7.457
	23a	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	123d. LOCATION	MUSI	CIVER
- 7		SPECIFY)				CITY OR TOWN	COUNTY	STATE
	24 F	Burial UNERAL DIRECTOR	5/3/91	Mt 7	ion 25a. DA	TE RECD BY REGISTRAN	A. A. Co	MIDE Jan
	Н	ardesty Funeral	Home 10 D	ADDRESS	MAY		July soll	and a





1	1.	FOR - STATE REGISTRAR	DEF	PARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYGI ATE OF DEATH	ENE 8	0	9 0	8 0
CAT!	(TYP)	CEASED NAME FIRST EORPRINTING Phy	Middle Bill	by Bo	y BiTwin	20 DATE OF DEATH	MONTH DAY	F	3 HOUR 3
	3. SE	Mole'	Caucasias	5. DATE OF	JAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	NTHS DAYS	HOURS MIN
meral mark		Md.	LS A	MARRIED (DIVORCED [Anne A	dire-	le/	MC
by the filled with	10 C	Annapolis	HAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Anne Aru	E STREET ADDRESS)	other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS OR
hould be hould be	m	NIA NOUNT		14	res 📗 no 🗌	130. STREET ADDRESS	nlap	Rd.	
ampletely and 2 s		James	NDDLE MU	ephV	Marlene	WIDDLE		Ing	le
icion and co		MAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIÁI	L SECURITY NO. 17	C-ALLT J	ames B.Mu	rphy (as 13e
gned by the attending n please remave corbo burial, cremotion, or re ry, or other fraumatic e		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEOUENCE OF	DT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	IN PART NO	
hos been sign permit. Then the prior to but we ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION V	was performed	200 AUTOPSY? YES NO		WERE FINDING	
s certificate has burial-transit pe Mental Hygiene or Item 18 shows	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	Tc. HOW INJURY OCCURRI				110
After this e as the bu olth and M morked or	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C		II LOCATION STREET	CITY OR 10	WN	COUNTY	STATE
F He		22a. I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	1 1 1 1 1 1 1 1 1		that in (my) (our) opinion d	eoth occurred on the do	ote and hour a		hat (I) (we) last auses stated
detached for detac		22b. SIGNATURE	7 Noon h	DE	ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	22c. DATE S	18/8/
should be detace with the State D		22d. PHYSICIAN'S NAME (TYPE OR	L Noon mo	2	Truek N	louse Rd	Seve	ma 13	nk md
7438	23a (BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 4-21-81		etery or crematory ven Mem, Pk	23d LOCATION CITY OR TOWN Glen Bu	rnie	COUNTY A.A. 7	STATE
16 30M 2/80 (A 15, 4)	24 F	UNERAL DIRECTOR	AZI CADO		25a. DATE	REC'D. BY REGISTRAR			

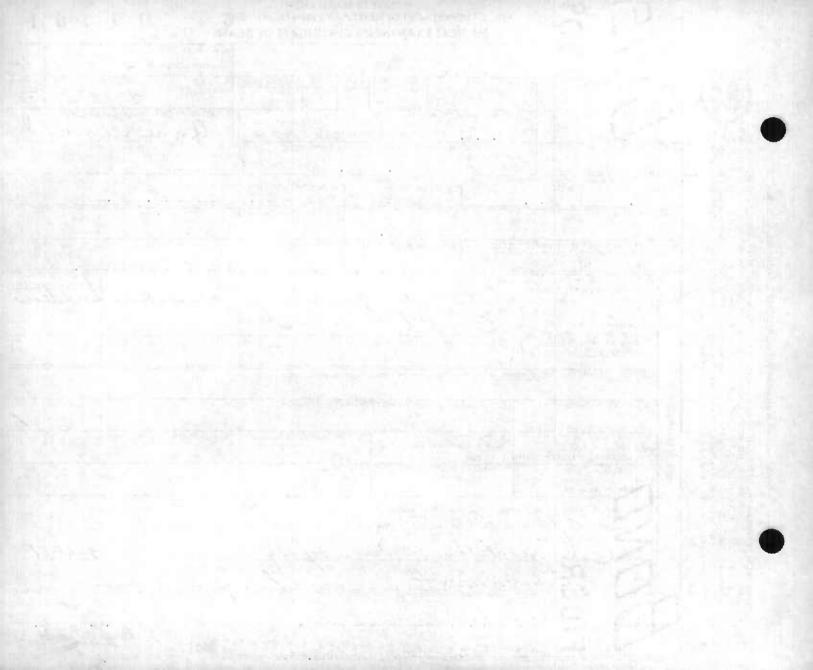


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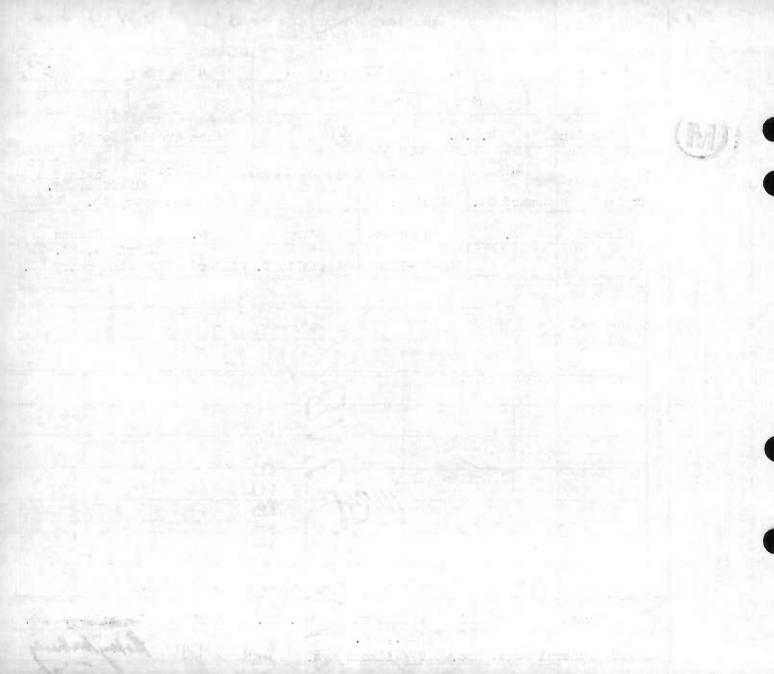
	FOR STATE REGISTRAR				ER'S CERTIFICA	NTAL HYGIEN	TH '	REG. NO.	9 0
. DE	CEASED NAME	FIRST		MIDDLE	LAST		a DATE KNO	WN MON	NTH DAY
(ITP		race	Og	16	Murphy	- 1	DEATH MA	TED 4	15 19
SE)	4. RACE	5. E	DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	RS IF UNDER 1 YR. IF		20. DATE	MON	TH DAY
F	emale 2	J	June 22	1915 65 YR		HOOKS MIN	DEAD	4	13 15
	RTHPLACE (STATE OR	7b.	CITIZEN OF WHA	AT COUNTRY?	8. MARRIED NEVE	R MARRIED	9. BALTIMORE	CITY OR CO	UNTY OF DEA
	Baltimore		U.S.A.		- 47227	DIVORCED	yn	ne (Nu
0. C1	TY OR TOWN OF DEA	TH 11.		ITAL, NURSING HOME	, OR OTHER INSTITUTION	FOR M	AL OCCUPATION		OR IN
	Annapolis	96 9		andle Gen.		Hou	sewife	-	
		ISING HOME OR OTH		RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	13d. INSIDE CITY		ET ADDRESS		
	Md.	A.A.		Annapoli	S YESXX	NO 🗆 130	Hearne	Rd. Ap	ot.304
4. F/	THER'S NAME	MI	DDIE	LAST	15. MOTHER'	S MAIDEN NAME	WIDDLE		LAST
J	ames			Dinnis Sr.	Amy		Grace		Reed
	VAS DECEASED EVER	IN U.S. ARMED		166. SOCIAL SECURITY	NO. 17. INFORMA	ANT	Al	DDRESS	
	NO	NONE		578-14-7	487 San	dra Keati	ng	Maryo	del Md.
	1166		DUE TO, OR A	O A CHARLES	7	1			
	Canditians, if a gave rise ta cause (a) stating lying cause last.	immediate	(b) C	S A CONSEQUENCE C	DF.	1			
CATION	gave rise ta cause (a) stating lying cause last.	immediate the <u>under</u> -	DUE TO, OR A	IT NOT RELATED TO THE TERMI	DF INAL DISEASE OR CONDITION OF ATION WAS PERFORM				20. AUT
TIFICATION	gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERA	immediate the under CONDITIONS CONT	DUE TO, OR A (c) RIBUTING TO DEATH BI 19b. CONDITI	ON FOR WHICH OPER	INAL DISEASE OR CONDITION O	ED?			YES
CAL CERTIFICATION	gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERA 21a. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING	immediate the under- CONDITIONS CONT TION SE WAS DR CAUSE OF DEA	(6) DUE TO, OR A (c) 19b. CONDITI 21b. TIME OF HOUR A.M. TH P.M.	ON FOR WHICH OPER INJURY MONTH DAY YEAR	ATION WAS PERFORM 21c HOW INJURY C	ED?	IATURE OF INJURY II	n item 18 Part 1 (YES
MEDICAL CERTIFICATION	gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERA 21a. EXTERNAL CAUS UNDERLYING	CONDITIONS CONT	(b) DUE TO, OR A (c) RIBUTING TO DEATH BIL 19b. CONDITI 21b. TIME OF HOUR A.M. TH P.M. 21e. PLACE O	ON FOR WHICH OPER INJURY MONTH DAY YEAR	INAL DISEASE OR CONDITION (ATION WAS PERFORM 1216 HOW INJURY O	ED?	IATURE OF INJURY II	N ITEM 18 PART 1 C	YES
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WEDICAL MEDICAL	gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERA 21a. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING AT WORK AT W 22a. I certify that I death resulted frage ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	TION SE WAS DR CAUSE OF DEA RED Hack charge of Adjural c	RIBUTING TO DEATH BU (c) RIBUTING TO DEATH BU 19b. CONDITI 21b. TIME OF HOUR A.M. TH P.M. 21e. PLACE OF STREET, FACTO auses AUSTREET, FACTO DATE	ON FOR WHICH OPER INJURY MONTH DAY YEAR 19 FINJURY (AT HOME, IRY, FARM, ETC.) 23c. NAME OF CEA	ATION WAS PERFORM 21c HOW INJURY C 21f. LOCATION STREET Autopsy	Inspection Inspection Under CECIFY) See MED	Inquiry Inquiry Inquiry Inquiry Inquiry Inquiry Inton	R SH	YES COUNTY Or part 2) COUNTY ATE GNED

TE OF ALABYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST William Clemens 2a. DATE KNOWN 26. HOUR (TYPE OR PRINT) ESTI-TO THE FUNERAL DIRECTOR.
I PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
IS 301 W. PRESTON STREET, DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY DAY PRONOUNCED 50 YRS Mardy 3 DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED U.S.A. PENNSYLVANIA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY Bendics Elect. Engineer (Cadillac Est.) 13c. CITY OR TOWN 13e. STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? AnneArundel GlenBurnie 212 SUNSET DRIVE Maryland NO TO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME OKWI MIDDLE Antoinette MIDDLE Ringis William Nark nmn 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Same as # ADDRESS PAGES 1 (YES, NO. OR UNKNOWN) MRS. DOROTHY J. NARK (WIFE) 212-30-4417 YES KOREAN 18 CAUSE OF DEATH (Enter only one couse per 19 19) (b), and (c): APPROXIMATE INTERVAL N ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENT OR REMOVAL Conditions, ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 3 SHOULD BE DEPARTMENT BURI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 PRIORJ 21e. PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, FTC. STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on DIRECTOR: , WITH THE and in my opinion death resulted from: Homicide Undetermined manner TITLE (SPECIFY EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, N ACTUAL DATE SIGNATURE EXAMINER'S NAME E. LINHARDT (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY SECURITY PROCESS, INC. APR'81 CREMATION CATONSVILLE BALTO. MD. BP 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) SINGLETON FUNERAL HOME, GLEN BURNIE, MD 15M 7/77

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	1	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	09084
(63)		REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MON	H DAY YEAR 26 HOUR
b b b		EDDA		NEWNAM	4	-3-811128
4 mo	3 SI	T	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MI
Poge direc	, To 8		76. CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR CO	
Jeoth.	6	Maryland	4.5.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1/nne/	Grandel
by the fi	10.0	Appapalis	US NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRISS) TOP 1 (2001)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	IZID. KIND OF BUSINESS INDUSTRY
24 hour filled in ould be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO ITY 13c. CITY OR TOV		13e STREET ADDRESS	ne Ave.
mpletely and 2 sh	14. F	ATHER'S NAME	E. Redd.	15. MOTHER'S MAIDEN N		Bamber
n and ca Pages 1		WAS DECEASED EVER IN U.S. ARA (YES NO OB UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT Mary Ma	ADDRESS.	20.13
tot the deoth certificate by the attending physicise remave corbon poper, cremotion, or remavol.		PART I. DEATH WAS CAUSED	y ane couse per line for (a), (b), o BY: CAUSE (a)	stive Heart	Failure Levosis &	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ow requires the been signed be mit. Then pleos prior to burial, ony injury, or o	CERTIFICATION	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED
he loon.	RIF				YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: TI ading physici nis certificate burjol-transit I Mental Hygi ar frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN I	(EM 18 PART I OR PART 2)
ottendir ottendir os the bu h and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STAT
OR ATTENDING or e hospital or DIRECTOR: All or use of Dept. of Healt filtern 21 is ma		220.1 certify that (I) (this hospit saw the decreased alive on above (I) (we) (did) (did not 27).	ol) attended the deceased from 19	ond that in (my) (or) opinio	n death occurred on the date o	nd hour and from the causes stated
HOSPITAL OR A ned by the hos FUNERAL DIRECTORED IN the Stote Dept. The Stote Dept.		224 PHYSICIANS NAME : IVE OF	Joens	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 2 /t'
TO HOSPITAL (retained by the TO FUNERAL I should be detoo with the State [IMPORTANT: If	-	Jan B.	Lowe	121 Cat	hedral St.	Annapolis
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OF CREMATORY ardens of Faith	Baltimo	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 1	UNERAL DIRECTOR	30 CCO DC ADDRESS	501 Litchicking	ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

Line State of the state of the

FOR			TE OF MARYLAND HEALTH AND MENTAL HYO	SIERE (9085
- STATE REGISTRAR	1		ER'S CERTIFICATE OF	DEATH REG. NO	D.
1. DECEASED NAME (TYPE OR PRINT)	Joseph	W.	NORFOIL	20. DATE KNOWN COF ESTI-	MONTH DAY YEAR 26. HO
3. SEX 4. R	T MONTH	RTH YEAR 6. AGE (IN YE. LAST BIRTHD. 57 YEAR	ARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 20, HO
FOREIGN COUNTRY) Maryland	76. CITIZEN O		8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	□	PRIOR DEL. CO
DENADOLIS	DEATH 11. NAME OF	HOSPITAL, NURSING HOME CHFACILITY, GIVE STREET ADDRESS) ARENDE L	OR OTHER INSTITUTION 12	E. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Salesman	
USUAL RESIDENCE (IF IN 130, STATE	NURSING HOME OR OTHER INSTITUTION 136 COUNTY	DN, GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN LOTHIAN	ON	STREET ADDRESS 102 Mary Lov	Company u Drive
14. FATHER'S NAME John M	ontgomery	Norfolk	15. MOTHER'S MAIDEN I		LAST
	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WW II	INDPLOTE IND. SOCIAL SECURIT 218-12-3	17. INFORMANT	rozess orfolk-Loth	Brown Mary Lou Drive
Canditions, if gave rise to cause (a) stati lying cause la	o immediate (b) DUE TO, st. (c)	OF AS A CONSEQUENCE O		ge	APPLIX MATE INTERVAL BETWEN ONSE, AND DEA
		EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1 ATION WAS PERFORMED?	(0).	20 AUTOPSY?
190. DATE OF OPE		E OF INJURY A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F	YES NO E
CONTRIBUTING [21d. INJURY OCCU	CAUSE OF DEATH	P.M. 19 CE OF INJURY (ATHOME, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
A STATE OF THE STA	ant I taak charge of the remains		Autapsy , Inspection Edicide ,	Inquiry , and Undetermined manner ,	DATE SIGNED
EXAMINER'S NAM	L. LINHA	enT	ADDRESS James	pelis, ne	l.
230. BURIAL, CREMATION (SPECIFY) Burial	1/21/8	1 Cedar H	ill Cometery	Suitland (P	r.Geo's) Md.
z suneral director Richard A Funeral H	. Coleman	Upper Marlb Maryland 20	Olo hana	'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

the state of the s en la company de 4- Cris 12 -1-521 -1-521 -1-521 (12)/cl data ill dato sees cutil valori COURT TOTAL TOTAL

+	- STATE REGISTRAR	19-4		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH		EG. NO.	, 0	
	DECEASED NAME	ONNA	MIDE	OLE .		NNOR	APRIL	29, 1	981	26 HOUR
1	SEX		PACE		5. DATE C		6. AGE LIN YEARS I		IF UNDER 1 YE AR	
ľ	Female		White		Marc	DAY YEAR	88		MONTHS DAYS	HOURS MIN.
1	BIRTHPLACE (STATE OR	FOREIGN 7h	CITIZEN OF WH	IAT COUNTRY?	8		9 BALTIMORE C		NTY OF DEATH	1
4	Maryland		U.S.A.		MARRIE	D NEVER MARRIED D	Anne Ar	_		MD
	Riviera Bea	ich I	Tome = 8	S587 Bay	IG HOME C ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR Homemak	MOST OF WORKI		OF BUSINESS OR
	SUAL RESIDENCE (# NUR Md .	SING HOME OR OTH	113	E RESIDENCE BEFORE CITY OR TOW COVIETA	N	VES NO X	8587 Ba	y Rd.		
14	William	W100		olmes		Josephin	10	OPLE	Keller	AT.
16	M WAS DECEASED EVEN	P TEL ONE WA		social secu	RITY NO	Loretta Kahl	-	s 13 g		
	Conditions if only gove rise to imcouse to state to the couse to the c	VAS CAUSED B IMMEDIATE C y, which mediate ing the	AUSE (st)	S A CONSEQUE	3°C	Congreta	ue Hea	xp	elee attweet	NAAR PRIEVAL ONSELAND BRAIN
		811	iditions <u>con</u>	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				
1	19a. DATE OF OPERA	ATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CE	YES, WERE FIND RTIFYING CAUSE YES []	
9		CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEA	18 PART I OR PART 2)	
1	OR CONTRIBUTING LI		21e PLACE OF	INJURY FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE

22a.I certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE

DE GREE

ATTENDING MEDICAL PHYSICIAN

STAFF DIRECTOR | PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

221 DATE SIGNED

224 PHYSICIAN & NAME (TYPE OR PRINT) UBONG JR. OND 22e ADDRESS

GIENBURNIE, MC

TO FUNERAL DIRECTOR: IMPORTANT: If Item 21 is should be detached with the State Dept. 23a. BURIAL, CREMATION, REMOVAL (SPECIFY

23b. DATE Burial 5/1/8: 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Glen

STATE

24. FUNERAL DIRECTOR

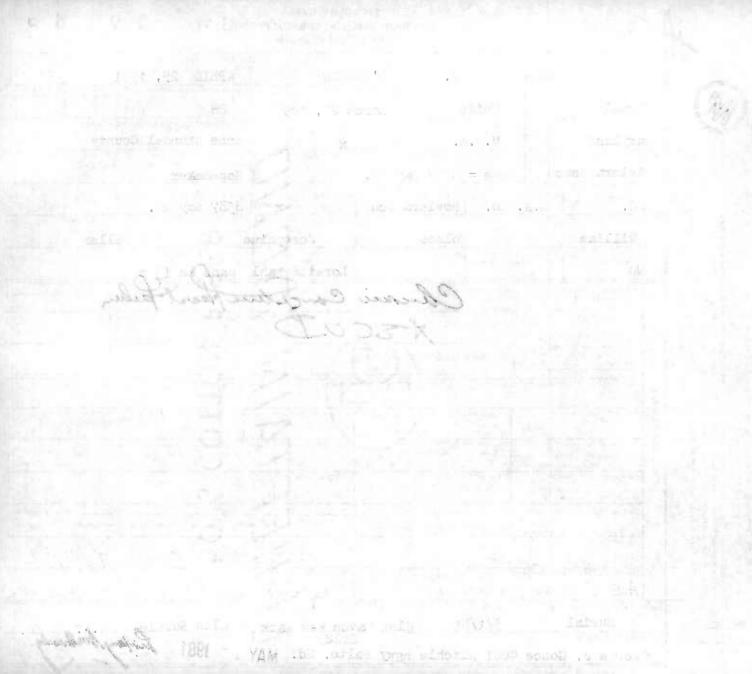
Item 18

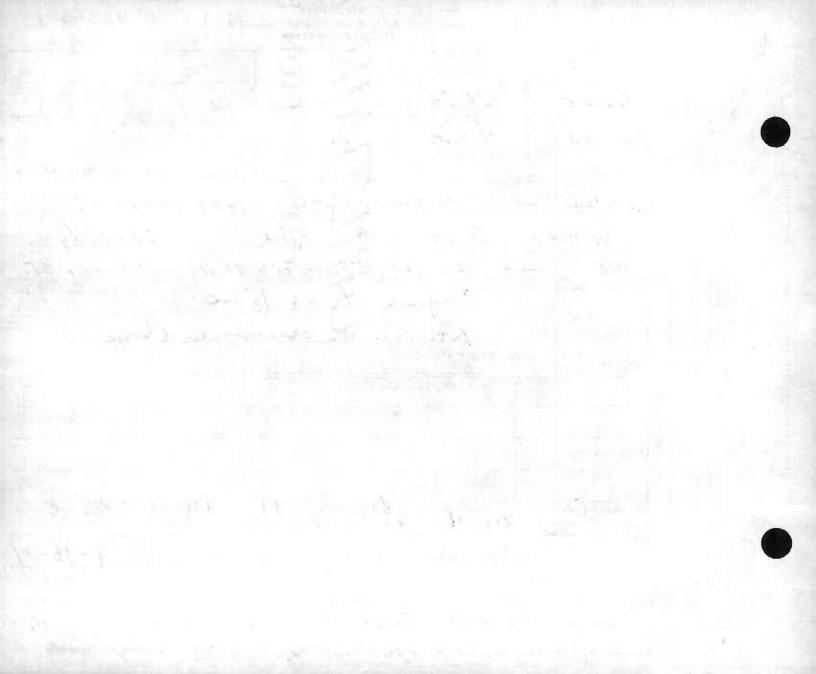
marked or

21225 George J. Gonce 4001 Ritchie Hgwy Balto. Md. D. BY REGISTRAR

DHMH-16 30M 2/80 (VRA 15, 4)

BP





FOR - STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Upple 5. DATE OF BIRTH

Feb.

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Ott

20b. IF YES, WERE FINDINGS USED

COUNTY

YES T

IN CERTIFYING CAUSES OF DEATH?

REG. NO 2a. DATE OF DEATH 1981 April AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Anundel County DIVORCED [12b. KIND INDUSTRY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE 96 WORK FOR MOST OF WORKING LIFE) Homemaken 13e. STREET ADDRESS Clyaton Drive 21122

Tracility, GIVE STREET DORESS) 21122 13d. INSIDE CITY LIMITS? NO K 15 MOTHER'S MAIDEN NAME

Mrs. Rose Betch

18. 1902

MIDDLE Margaret ADDRESS 17 INFORMANT

Same as #13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c Minute IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Arteriosclevotic DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

the deceased fram

Margaret

13c. CITY OR TOWN

4 RACE

MIDDLE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

(aur) apinion death occurred on the date and have and from the causes stated

STATE

NO [

22e ADDRESS

DEGREE

ATTENDING MEDICAL PHYSICIAN MEDICAL DIRECTOR PHYSICIAN

STAFF

1521 Ritchie Hwy, Annold, Md. 23c, NAME OF CEMETERY OR CREMATORY 23b. DATE

Burial

Holy (ross (emetery ully F. H. Mtn. & Tick Neck Rds. Pasadena. Md.

Brooklyn

20a. AUTOPSY?

YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOF

Anne Arundel Md

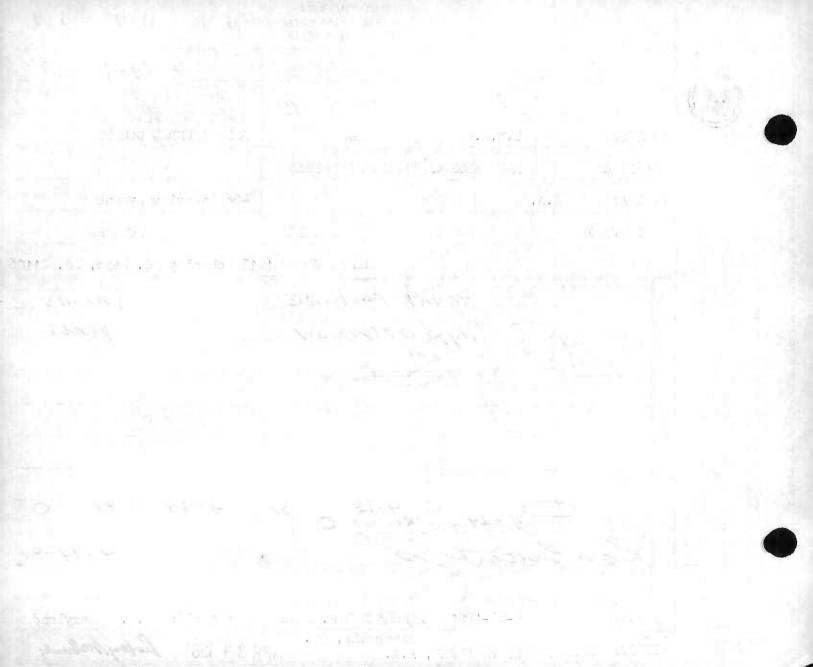
22c. DATE SIGNED

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

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		.47		Man
Cyteria permission and	· ·			tandosa i
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y menty.	F100 (7.8			
	ast Guetes dV22 shir	to the second	i Š. ya	

60	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. NO	0 9	084
- 75 1		CEASED NAME FIRST CORPRINT)	MIDDLE	C	TWENS		-24-8	YEAR 2b. HOUR
(M)	1. SE		4 RACE	. 5. DATE MON	DE BIRTH DAY - 90	6. AGE (IN YEARS LAST BIRTI	MONTHS	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Burn 35	a M	RTHPLACE (STATE OR FOREIGN	U.S.A.	MARRI		9. BALTIMORE CITY OF ANNE ARUNI	EL COUN'	
by the filled with	Al	ITY OR TOWN OF DEATH	ANNE ARUN	TAL, NURSING HOME TY GIVE STREET ADDRESS! NDEL GENERA	L HOSPITAL	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		KIND OF BUSINESS OR DUSTRY
filled in hould be	13a M	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RE NTY 13c.	SIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13. SIRFET ADDRESS Lakevi	ew Aven	ue
ond 2 sh	14. F	BENJAMIN	MIDDLE BRO	OWN ST	IS MOTHER'S MAIDEN NA	MIDDLE	ROWL	ONG LAST
s. Poges	160.	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b S	OCIAL SECURITY NO.	IT INFORMANT LENA JONES 1	ADDRES 213 Schesley	Rd. Ma	
a physicic on poper emovol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for ED BY: TE CAUSE (a)	or (a), (b), and (c).)	91/4813			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the offendin loss remove cork of, cremotion, or other troumotic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	(b) H	CONSEQUENCE OF	NSION			YEMS
Then ple to burid	N O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN	PART 1(a)
bermit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	DN WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO [
the buriol-tronsit per ond Mentol Hygiene ced or Item 18 shows		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. A		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OF	RPART 2)
h ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ (AT HOME, STREET, FAC	JURY CTORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOW	N CC	DUNTY STATE
TO FUNERAL DIRECTOR: Af should be detoched for use a with the State Dept. of Health		270.1 certify that (I) (this hasp saw the deceased alive or abave, (I) (we) (did) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	bit) view the body after of	19.81	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	, to 4 - 24 death accurred an the do	e and hour and t	from the causes stated 2. DATE SIGNED 7-24-8/
shouls with t		BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 4-28-1981		EMETERY OR CREMATORY N MEM. PARK	23d. LOCATION CITY OR TOWN Annapolis	A.A.	Maryland
16 30M 2/80 (A 15, 4)		UNERAL DIRECTOR LLTAM REESE &	SONS MORTU	ADDRESS Annapo	72 2 9 1 1 LL 8	R 2 9 1981		SIGNATURE



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1941 THE HOLD THE STORY OF THE

U.E. A. C. H. C. III. C. A. C.

	tem 6 G 555 5/5/81 GB FOR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO
DE (TYP)	CEASED NAME FIRST MIDDLE PERCE 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR STORES
	TRIPLACE (STATE OR FOREIGN ON WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
10 C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER HOSPITAL HOME OR OTHER HOME OR OTHER HOSPITAL HOME OR OTHER HOSPITAL HOME OR OTHER HOME OR OTHE
130 ISU	AL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 COUNTY 137 COUNTY 138 STREET ADDRESS YES NO
THE PARTY OF	ATHERS NAME ATHERS NAME AND MIDDLE LAST FIRST MIDDLE LAST LAS
3 % 5 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 095-4057670 OLIVE W CADY ANNAPOLIS MD
ng physicic banpoper: removal.	18 CAUSE OF DEATH lEnter only one couse per line for to fo, and ic: The part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA HEART FULL APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
nat the death ce by the attending size removes condi- cremotion, or a other traumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the
med pleed by, or y, or	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOUNDT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ow req	190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
35 55 5	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
G PH er th and ked d	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
TTEN pitol TTOR Tor us of He	220.1 certify that (1) whis hospital oriented the deceased from 19 to 19, that (1) (we) 200.1 certify that (1) whis hospital oriented the deceased from 19 to 19, that (1) (we) 200.1 certify that (1) whis hospital oriented the deceased from 19 to 19, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) whis hospital oriented the deceased from 19 to 10, that (1) (we) 210.1 certify that (1) (we) 210.1 certif
O HOSPITAL OR A etonied by the hos TO FUNERAL DIRECTO BUREAL DIRECTOR with the Storle Dept. MADORTANT: If them	228 ADDRESS NAME LYPE OR P. 228 ADDRESS
TO HOSP retoined 1 TO FUNE should be with the SIMPORTA	BURIAL CREMATION, REMOVAL 138 DAY 131 HOME OF CENTERY OR CREMATORY 1234 DOGATION COUNTY (STATES
	BURIAL, CREMATION, REMOVAL 1 DAY SECIETY OR CREMATORY 23d. USATION SECIETY 23d. USATION SECIETY OR CREMATORY 23d. USATION SECIETY 2



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH DST REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME MIDDLE 2h HOUR (TYPE OR PRINT) APRIL 26, 1981 MERYLE GAYLE PRICE 4:05P 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) SEX 5. DATE OF BIRTH MONTH White Female Sept. 8, 1921 59 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY U.S.A. Maryland WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NORTH ARUNDEL HOSPITAL GLEN BURNIE Admn. Assistant Bank USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY Anne 13c. CITY OR TOWN 8292 Brookwood Rd. 13d INSIDE CITY LIMITS? Millersvilleyes Arundel Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Fowler Knight Edward A . Myda ADDRESS 8291 Brookwood 166 SOCIAL SECURITY NO. 17 INFORMANT (Sister) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Macy K. Dayton Rd., 212-18-1857 Millersy-NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse penlife for (a), (by, and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the underlying PART 2 OTHER SIGNIFICANT CONDITIONS CON THAT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN HART I'M 206. IFYES, WERE PINDINGS USE CONDITION FOR WHICH/OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [ACCIDENT WAS UNDERLYING **71h TIME OF INJURY** 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY OFFICE, FARM, ETC. NOT WHILE 220.1 certify that (1) (this haspital) oftended the deceased fram saw the deceased olive on_ and that in (my) (our) opinion death occurred an the date and hour and fram the couses stated abave, (1) (we) (did) (did nat) view the bady ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 95 AQUAHART ROAD GLEN BURNIE, MD. 21061 NICK MOUTSOS. M.D. 23b. DATE April 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL

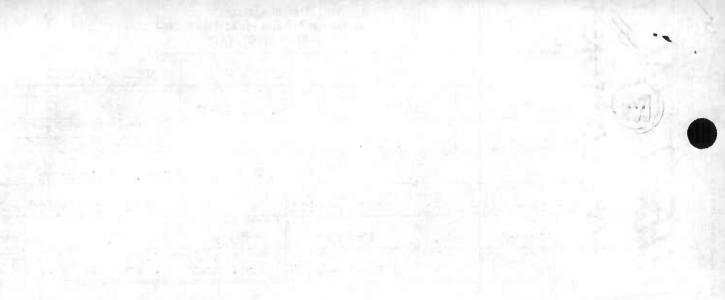
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DHMH - 16 50M 1/81 (VRA 15, 4) SINGLETON FUNERAL HOME

Burial

BO. 1981

Hillcrest Mem. Pk. Cumberland, Alleghany, Md. GLEN BURNTE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SI MARYLAND





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	FOR STATE				MENT OF HE				(1 9	U	7	3
	REGISTRAR		ME		XAMINE	R'S CERTIF	ICATE O	FDEATH	REG. N	NO.			
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(4. RACE	13.	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE			TE	MONTH	DAY	YEAR	2d HO
N	2 ec		8 10	08	72 YRS.	MONTHS DAYS	HOURS	MIN. PRONC	UNCED AD	4	5 1	51	P
	RTHPLACE (STATE OR REIGN COUNTRY)	76	CITIZEN OF W	HAT COUN		MARRIED 1	JEVED AA ADDII	9. BALT	IMORE CITY	OR COUN	TY OF DE	ATH	
FU	Luray Va		USA		V	IDOWED 1	DIVORCE		. n.co	•			A
21	TY OR TOWN OF DEAT		NAME OF HOS	SPITAL, NUR	SING HOME, C	R OTHER INSTI	TUTION	12a. USUAL OC		YPE OF WORK	12b. KIND	OF BUS	INESS
7	EN BURNI	e	(IF NOT IN SUCH FA	1.00	NOEL	Mosh.	L. 1	Welder	VORKING LIFE)			NDUSTR'	-
SUA	L RESIDENCE (IF IN NURS	SING HOME OR O'	THER INSTITUTION G	VE RESIDENCE	BEFORE ADMISSION	has men						-	
1 2	Md.		Co.		or town ern	YES T	E CITY LIMITS?	13e. STREET ADI 7839	Teleg	raph	Rd.		
1. FA	THER'S NAME						HER'S MAIDE						
Τ,	ohn Henry	N	MDDLE	Purd	ham		argare		MIDDLE M.		Pleas		
60. V	VAS DECEASED EVER I				IAL SECURITY N				ADDRES				
(Y)	no, or unknown)	(IF YES, GIVE WAR	OR DATES)	218-	09-1050	Jam	es L.Pi	urdham S	r.1264	Slee	ру Но	llov	v Rd
	18 CAUSE OF DEATH	l (Enter only a	ne cause per line				ern Md					OXIMATE I	
	PART I DEATH WA	S CAUSED BY	Y:	CA	00						BATTWEE	N ONSET	AND DEA
	49/20	IMMEDIATE C		AS A CON	SEQUENCE OF					-		Le.	
	Conditions, if an												
	gave rise to i		DUE TO, OR	AS A CON	SEQUENCE OF					-			
	lying cause last.												
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ATIC	190. DATE OF OPERAT	ION	19b. CONDI	TION FOR V	VHICH OPERAT	ON WAS PERFO	DRMED?				20. AU1	TOPSY?	
IFIC											VE	s 🗆	NO F
CERTIFICATION	210 EXTERNAL CAUSI	EWAS	21b. TIME OI	FINJURY		21c. HOW INJU	RY OCCURRED) (ENTER NATURE OF	INJURY IN ITEM 1	8 PART I OR PA		ب د	140 34
	UNDERLYING O	R ALISE OF DEA			DAY YEAR								
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¥	WHILE NOT W	VHILE	STREET, FAC	TORY, FARM, ET	C.)	STREET		CITY OR	TOWN	CC	YTMUC		STATE
									1071			-	
	22a. I certify that 1 t					Autopsy	Inspection	M. Inqui	y X	ond in my o	pinion		
	death resulted fram:	Natural a	ouses 🔏 ,	Accident	L, Suicid		micide	Undetermined	monner				
	ACTUAL	90	5 -	- N		TITLE	(SPECIFY)			DATE	41		. ,
	SIGNATURE	hu	HALRY	160		M.D	po 4 7	MEDICAL EX	AMINER	SIGN	ED	5.8	/
	EXAMINER'S NAME	E					0		1.	2			
02 5:	(TYPE OR PRINT)		INHAR			ADDRESS	- Marian	Teo	1	ne		_	
(S	JRIAL, CREMATION, RE	7.79		77	AME OF CEMET		TORY	CITY OF TOWN		000	PRITT	STA	110
	Buria	1 4	/8/81	CI	en Have	n		Clan	Dumiia	MA			
24 EI	JNERAL DIRECTOR	1 7	/0/01	1 41	en nave		ISA DATE O	EC'D. BY REGIST	Burnie	CISTO ADIS	CICALATUR	E	

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6	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 U	9 U 9 4 EST
* & £	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR P
1000	SAVA		RAMEY		981 10:004
TOTAL !	Female Female	4 RACE White	5 DATE OF BIRTH MONTH DAY 1/24/1901 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
35 642	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ON THE ARUNDE	
by the full flowith thought of the formal of	10. CITY OR TOWN OF DEATH GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWILE	12b. KIND OF BUSINESS OR
filled in the could be fi	13a. STATE 13b. CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)		
malerely and 2 sh	14. FATHER'S NAME FIRST	MIDDLE Edwards	15. MOTHER'S MAIDEN N		Hammonds
on ond co Pages 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES!		ADDRESS	Nach and the Control
ALTIMA te be e icion o icion o icion o icion o the me	no	212-46		en K. Ramey Sa	me as #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D ING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours ratending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Or shows any injury, or other traumatic event, the medical examiner must be fill as the statement of th	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF	by interior	2-
RECORDS, 2	PART 2 OFFER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	and conatis	D DEATH BUT NOT RELATED TO THE TER	AUTOPSY? 206. IF	YES, WERE FINDINGS USED PATH?
SION OF VITAL R PHYSICIAN: The I ending physicion. This certificore has the buriol-transit pe di Mental Hygiene d or frem 18 shows		DEATH HOUR A.M. MONTH	DAY YEAR 19	YES NO Z	YES NO 18. PART I OR PART 2)
DIVISION ING PHYS After this as the bu Ith and M Iorked ar	OR CONTRIBUTING CAUSE OF	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
R ATTENDO haspital a RECTOR: A red for use spt. of Heal	sow the deceased alive	on 19. The body after death.	2111	n death occurred on the date and h	3, 19 , that (li (we) last nour and from the couses stated
O HOSPITAL O efained by the TO FUNERAL DI should be detect with the Stote DR MPORTANT: If I	HE PHYSICIAN'S NAME IN	Very service and the service a	ATTENDING PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	4/24/8/
TO HOSP retained 10 Should be with the Should be with the Should be 10 MPORTA	BENJAMIN A 230. BURIAL, CREMATION, REMOV	deGUZMAN, M.	D. 325 HOSPI		BURNIE, MARYLAN
BP	(SPECIFY) Burial	4/27/1981 1	Meadowridge Mem. Pl	k. Washington B.	
DHMH-16 30M 2/80 (VRA 15, 4)	24. FUNERAL DIRECTOR Mc ully Funera	L Home 237 E. Pa	Md., 21225 tapsco Ave., Af	ATE REC'D. BY REGISTRAR 25b. REG PR 2 8 1981	JSTRAR'S SIGNATURE

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STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT EDNARD 4 RACE 3. SEX IF UNDER I YEAR MONTH YEAR O BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYTAND U.S.A. ANNE ARUNDEL COUNTY WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ANNAPOLIS ANNE ARUNDEL GENERAL HOSPITAL USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
130. STATE
130. COUNTY
131. CITY OR TOWN 13c. CITY OR TOWN 13e. STREET ADDRESS 113d. INSIDE CITY LIMITS? MARYLAND ANNAPOLTS A.A. YES XX 23 Rosemary Street 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ROBERT RANDALL FRANCES WHITTINGTON 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-14-3081 LOIS RANDALL 23 Rosemary St. Annapolis APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Failure rminal Conditions, if Jany, which gove rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART | OR PART 2)

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M

21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

21f LOCATION

STREET

ATTENDING

PHYSICIAN

CITY OR TOWN

COUNTY

, that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NO! WHILE

the decease o ve on

21d IN JURY OCCURRED

22d. PHYSICIAN'S NAME (TYPE OF PRINT) 23b. DATE

22 tify that (I) (this hospital) attended the deceased from,

22ª ADDRESS

19

DIRECTOR | PHYSICIAN

MEDICAL

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY PINELAWN MEM. DARK

DEGREE

CITY OF TOWN Annapolis

COUNTY

Marvland

STATE

Annapolis, Md. REESE & SONS MORTUARY, P.A.

250. DATE REC'D. BY REGISTRAR 256, REGI

PARTY BENEFIT OF THE PROPERTY OF THE OWNER. ALC: A STATE OF THE STATE OF Charles the state of the state .bt .mifcanago .to green source Market mark to the tellon with the source at AND AND AND REPORT OF THE PROPERTY OF THE PROP The date of the second second

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	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGII TE OF DEATH	ene8 O	90	9 7 E.S.:
m _		CEASED NAME FIRST MIDDLE OR PRINT)	£AST	I	20 DATE OF DEATH MONTH		26 HOUR
ooge 3 deoth	2.65	JEFFERSON DEWE			APRIL 2,		4:28 A _M
	3 SE	male Whit		25- 1898	82 y	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1):70		RTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT CO	MARRIED 1	NEVER MARRIED	BALTIMORE CITY OR COL		
P		TY OR TOWN OF DEATH 11. NAME OF HOSPITAL	WIDOWED	DIVORCED HER INSTITUTION	ANNE ARUNDE	12b KIND O	F BUSINESS OR
54		GLEN BURNIE NORTH A	GIVE STREET ADDRESS) RUNDEL HOSPI	TAL	Retired- A	ing life) INDUSTRY Deal	er
35	130		ofton YES		1725 Leisu	re Way	
auros 21	14. F/	Jefferson MIDDLE	Rice 15. N	Luila	WIDDLE	Lan	g
e medicol		VAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOC VENDOR UNKNOWN) (IF YES, GIVE WAR OR DATES)		nne Perry	Same as #		MATE INTERVAL NISET AND DEATH
or to buriol, cremotion, or a more tronmotic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	ONSEQUENCE OF		TAL DIREASE OR CONDITION	I GIVEN IN PART 110	
shows any	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FO	R WHICH OPERATION WA	Du	YES ET COMP	F YES, WERE FINDIN ERTIFYING CAUSES YES	IGS USED OF DEATH? NO
Item 18 s		216, ACCIDENT WAS UNDERLYING	NTH DAY YEAR	HOW INJURY URRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART OR PART 2)	
	MEDICAL	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	RY OFFICE, FARM, ETC.)	LOCATION STREET	CITY OR FOWN	COUNTY	STATE
Z I IS MORKED		220. I certify that (I) (this hospital) arrended the deceased	19 and the	1 in (my) (our) opinion de	eath accurred on the date one		that (I) (we) lost
i. If Item		obsee, (1) (was felid) (did not) very the body after dea	DEGR	EE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR ☐ PHYSICIAN ☐	The DATE S	2/81
IMPORTANT: H		27 PHISICAN'S NAME (TYPPOR PRINT) ORGE B. RAMIREZ, M.D.	22e	ADDRESS 7845	OAKWOOD ROAD	, #205	1-1
× ×		BURIAL, CREMATION, REMOVAL 23b. DATE 4-4-81	23¢ NAME OF CEMET Au lander	ERY OR CREMATORY Cemetery	BURNIE, MARY 23d LOCATION Au'l ancer E		
M 1/81 4)	24 F		Home d ^{DRESS} Bowie, I	1 / D 1-250 DATE	RECOUNT REGISTRAR 256 RE		

Dariel A-1-5 Aul nort Cemetry Aul noor Sertic L. Caroli Seall Funer 1 Lone 15, 35 An oolls to Sowie, No. 4

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO 1. DECEASED NAME 2g. DATE OF DEATH MONTH ITYPE OR PRINTS APRIL 22, 11:01F WILLIAM FLETCHER RICKER Ja 1981 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126. KIND OF PUSINESS OR Policeman niorcement 130 Street ADDRESS Rd. 21122 Fletchen Mrs. Derry Dee Ricker Same as #13 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE ON CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE ON CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE ON CONDITIONS 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? INCERTIFYING CAUSES OF DEATHS NOE TIE HOW INJURY OCCURRED | ENTERNATURE OF HOURS IN THE FART I DREART ST CITY OF TOWN COLENTE STATE that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22r DATE SIGNIED OAKWOOD RD., GLEN BURNIE, MAR (SPECIBURIA Glen Burnie, Anne Arundo Glen Haven Mem. Park 24 FUNERAL DIRECTOR ully F.H. Mtn. & Tick Neck Rds. , Pasadena, Md.

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0	6	11-	STATE REGISTRAR				EXAMINI				~		REG. NO.	,	9	•	
Line.			CEASED NAMI	E FIRST		WIDDLE			LAST			20. DATE K	NOWNXX	MONTH	DAY	YEAR	Zb. HOUR
	MaxiX	{IIY	PE OR PRINT)	Louis		Ε.		R	obert	s J	r.	OF DEATH /	MATED	1	7 10	981	
1935	A 6550	1. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR	S IF UN	DER 1 YR.	IF UNDER		20 DATE	CED.	MONTH	DAY	YEAR	2d HOUR 6:00
	NA STATE	M	ale	White	Aug 15, 1		33 YR		DAYS	HOURS	MIN	DEAD	LED	4	3 1	981	6:00 a.m
	SE S	FC	IRTHPLACE (ST DREIGN COUNTRY)	TATE OR	76. CITIZEN OF WE	HAT COU	VTRY?	MARRI	ED NE	VER MARR	IED 🗌	9 BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH	
	A STATE OF S		aryland		US			WIDOW		DIVORC			ne Arui				MD.
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31 OT THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE TO FUNERAL DIRECTOR: PAGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PRAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OEVITAL PECORDE, 201 BATTIMORE, MARYMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	G	len Bur	nie	II. NAME OF HOS	PITAL, NU	IRSING HOME,	or oth	R INSTITU	TION	FOR	JALOCCUPA MOST OF WORK rpente	ATION (TYPE O		OR II	NDUSTR	Υ
21201	ANY DANY DOULD BECORD		AL RESIDENCE STATE Maryl	TNLEOU	Georges	13c. CIT	E BEFORE ADMISSIO Y OR TOWN		13d. INSIDE (ITY LIMITS?	13e STR	EET ADDRES	s	Lane	Δ.		
	2, P. 33. 52. ALR	14. F	ATHER'S NAME			100	MIG			R'S MAIDI	1			Bulle			
3 3 3	DEATH MA PM AND OFVIT			s E Robe			LAST		F	Bet	ty J	MID			LA	ST	
TIM	ON SECRET	160.	WAS DECEASED (ES, NO, OR UNKNO	DEVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		CIAL SECURITY		17. INFORA				ADDRESS				
3	S AF GIV		no				-48-020	4	Bett	y J.	Robe	rts (M	other)	Blad			
5	A 18.		PART I DE	ATH WAS CAUSE	nly one couse per line ED BY:		o), and (c).) Tiple In	inei	0.0							POXIMATE EN ONSET	AND DEATH
N	PER PER VAL	-	913) /) IMMEDIA	(DUE TO OR		NSEQUENCE O		es						+	-	-
28	HIN INSII EMC	17		ns, if any, which													
3	ANIN OR F	1	cause (a)	se to immediate stating the <u>under</u>		AS A CO	NSEQUENCE O	F							+	-	
201	ON,	-	lying cou	ise lost.	(c)												
DIVISION OF VITAL RECORDS 201 W. PRESTON ST., BALTIMORE, MD.	E EXECTIONS OF THE ANALTH AN	Z	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERMIN	IAL DISEASE	OR CONDITION	N GIVEN IN PA	RT 1 a						
2	PEN ME	CERTIFICATION	190 DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?					70 AU	TOPSY?	
Y	NE SE	IFIC													YE	s XX	NO 🗌
740	AENI O BI			L CAUSE WAS	21b. TIME OF HOUR: A.M		DAY YEAR	21c. HC	W INJURY	OCCURRE	D IENTER	NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PAR		/ 17-1	
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2	OEP JEEP	AED!	21d. INJURY C		21e PLACE C STREET, FACT			[21f. LOC	REET	1997		CITY OR TOW		COU			STATE
0	WR WR	1	AT WORK	NOT WHILE X	A S	stree	t	Rt.	3, P	atuxe	ent R	iver E	Bridge,	Anne	a Arı		
	A TES		22a certif	fy that I taok char	ge of the remains de-	enbed ob	ove, held on	Autaps	y XX.	Inspectio	n .	Inquiry [and	ın my apı	เกเตก	Md	•
	MININAN FERTINAN	1	death results	ed fram: Nan	ghilogyan 🗆	Accident	[X] /\$010	ide .	Hamio	ide .	Undet	ermined man	ner .				
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	527 PA 54 PA	23a. B	URIAL CREMA	TION, REMOVAL			NAME OF CEM					CATION	1.00.1	COUNT	74		-
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040	DHMH - 17 (VR A 15 ME (5))		UNERAL DIRECT		Sons, PA Hy	atts	ville.M	d.		250. DATE	BELL BY	REGISTRAR	25b. REGIST	RAR'S SK	GNATUR	RE	4
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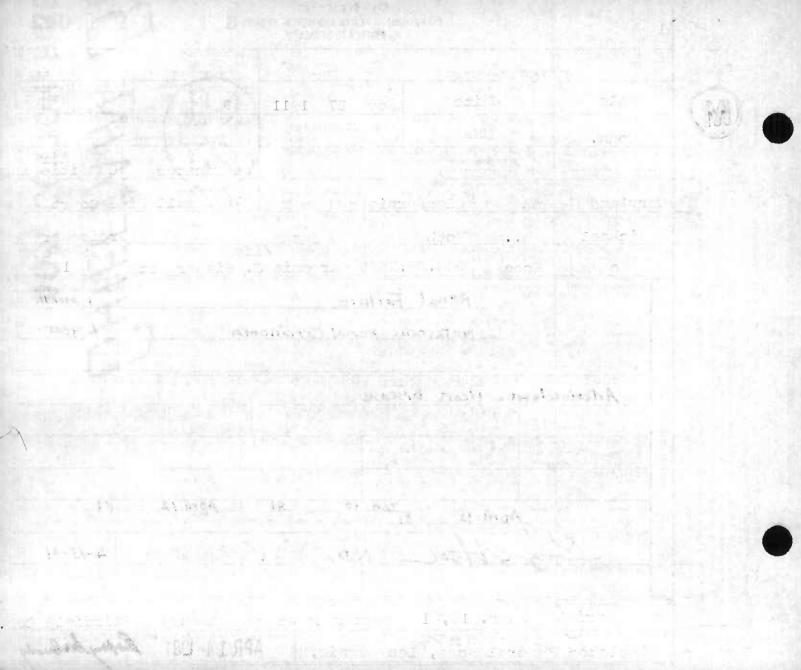
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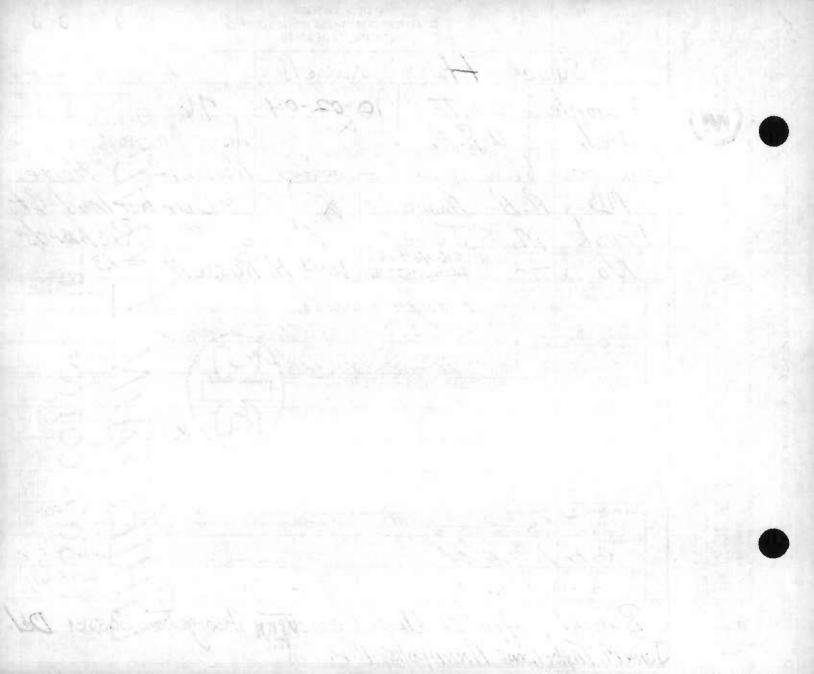
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/	Items #8&23b Fil FOR - STATE REGISTRAR	m G554 4/21/81 DEPART	TO STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	9 1 0 1 EST
	DECEASED NAME FIRST YPE OR PRINT) MARIE	MIDDLE	ROMAN	APRIL 09	1981 25. HOUR A
	Female	White	5. Date of BIRTH 3/23/99 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS: DAYS HOURS MIN.
0.45	BIRTHPLACE (STATE OR FOREIGN Baltimore	76. CITIZEN OF WHAT COUNTRY US A	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT ANNE ARUNDEL CO	
- 15 AL -	LEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDEL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Seamstress	12b KIND OF BUSINESS OR INDUSTRY Allied Man.
E 130		OTHER INSTITUTION GIVE RESIDENCE BEFORM THE INTERPRETATION OF STATEMENT OF STATEMEN	Pk 134 INSIDE CITY LIMITS?	13°48T Retford	Dr.SevernaPk
A- 200	rather s Name Michael Matus	zzak LAST	Michaelin	e Krytkouska	LAST
medico l	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 218-09		Wissel,481 Ret	ford Dr.Sev.
injury, or other troumatic		CONDITIONS CONTRIBUTING TO	JENCE OF CONG. A	minal disease or condition giv	
8 shaws any injur	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
norked or Item 18 s	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTH'S MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 21f. LOCATION	CITY OR TOWN	COUNTY STATE
MPORTANT: If them 21 is o		tol) attended the deceased from 2 - 26 19. 1) view the body after death. Perry Lu. R PRINT)	DEGREE ATTENDING PHYSICIAN	death occurred on the date and how	22c. DATE SIGNED 4-9-81
MPORT	LEON C. PERRY	M.D.	GLEN BUR	NIE, MARYLAND, 21	1061

Manager Table 1 Table TOTAL DESCRIPTION SEE Tables & Andrea Transaction and Tables Tables To Antrea to National An



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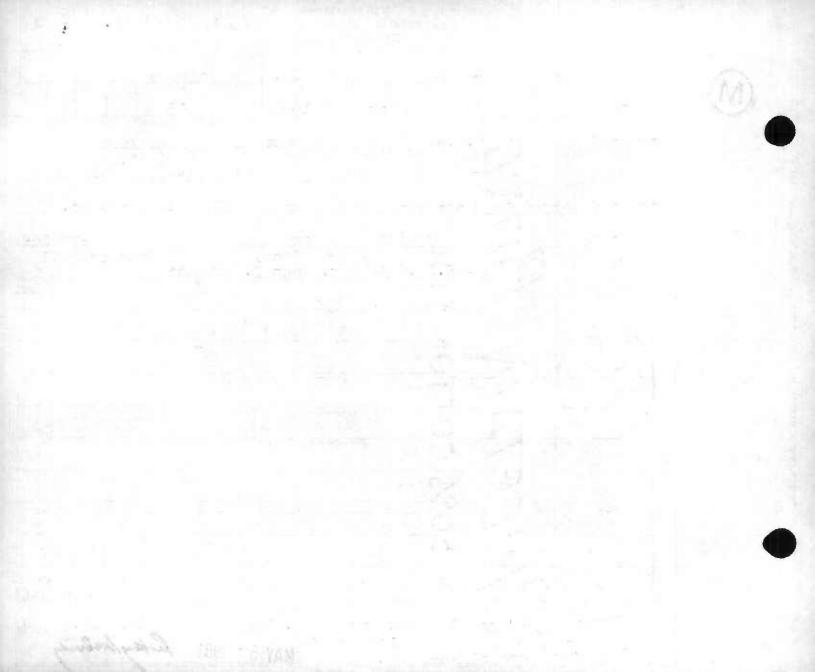




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X 7 7	1	FOR STATE	DEPARTMENT	OF HEALTH AND MEN	ITAL HYGIENE	0 9	0 5
		REGISTRAR	MEDICAL EXAM	AINER'S CERTIFICA	ATE OF DEATH'	REG. NO.	
		CEASED NAME FIRST	WIDDIE	LAST		KNOWN MONTH	DAY YEAR 26 HOUR
W = 497.70	(TYF	THOMAS	M	SCHIEDAL	ELLI DEATH	MATED 4/	6 1981 M
表達売業を /	3. SE		DATE OF BIRTH 6. AGE		UNDER 24 HRS. 2c DATE	MONTH	DAY YEAR 2d. HOUR
* High	11	1 1 2 2 2 2 - M	ONTH DAY YEAR LAST B		OURS MIN PRONOUN	ICED [_[181
39000	-			O YRS.		ORE CITY OR COUNT	The state of the s
FEEST PRESS		RTHPLACE (STATE OR 76 REIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED MEVE	R MARRIED 7. BALTIM	OKE CITY OK COUNT	
VY IS NECESSATIVE FULLS WITHIN PREET OUT WE PREED OUT WE PREED OUT WHITHIN PREED OUT WE PREED OU		mp	4.51.	WIDOWED	DIVORCED AN	NE HRU	NDEL MD.
SE S	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	OME, OR OTHER INSTITUTIO	EMP MOST OF WOR	KING HEET	126 KIND OF BUSINESS OR INDUSTRY
DELAY 3 TO TH N PAG 2 Se Fil	12	WNAPOLIS 10	1220H Annapi	01 1	ATTORN	184	LAW.
S S S S S S S S S S S S S S S S S S S	USU	L RESIDENCE (IF IN NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE AL	MISSION)	I.e		
AANY AAND SECOND	3/4	OR VL DUD 136 COUNTY	Co. HANNA	A 40 -			dis Blud
S. P. S. F. S. P.	14.5	THER'S NAME	Co. 177.0071		S MAIDEN NAME	d Annapa	1115 OTVAT
H-KON	0	. FIRST MI	DDLE LAST	FIRS	M	DDIE	LAST
DEATH. MEAN AND AND AND AND AND AND AND AND AND A	10	1USeppe		PURITY NO. 17, INFORMA	iomia	ADDRESS	issa nova
ON SERVICE IN	166.	VAS DECEASED EVER IN U.S. ARMED ES. NO, OR UNKNOWN) (IF YES, GIVE WAR	OR DATEOT		- 11		Sameas
TON ST., BALTIMORE, MD. 21201 124 HOURS AFTER DEATH. IF ANY 11TEM 1B. GIVE PAGES 1, 2, AND: ALONG WITH FORM PM 3. RETA ALONG WITH FORM PM 3. RETA T PERMIT. PAGES 1 AND 2 SHOULI YGIENE, DIVISION OF WITH RECO		Yes WW	11 215-30	-08490 live	2 Jackson S	chifanelli	13a
E S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEATH (Enter only or	ne cause per line far (o), (b), and (c)).)	11 00		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S N S N S N S N S N S N S N S N S N S		PART I DEATH WAS CAUSED BY		of loanend	- Spull		
ALONA VGII		9554	DUE TO OR AS A CONSEQUEN	NCE OF			Lucken
SEA THE		Conditions, if any, which gave rise to immediate	(b)				
ON TREE		couse (a) stating the under-	DUE TO, OR AS A CONSEQUE	NCE OF			
EXECUTED NG" IN PROCEED EXAMINED FOR EXAMINE		lying cause last.	(c)				
AND	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1 (g		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 NUNER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEFFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FROM: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 WP ALMO, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z				•		
PEN ME	CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORM	ED?		20 AUTOPSY?
A Parental	5						YES NOW
T S S S S S S S S S S S S S S S S S S S	E	21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INTURY O	CCURRED LENTER NATURE OF INJ	ILIRY IN ITEM IS FAIR OR PAS	
NA FEET OF THE STATE OF THE STA		UNDERLYING ZOR	HOUR A.M. MONTH DAY	YEAR	71 - 1- 0 0	11/	0
ARITH OF THE	N V	CONTRIBUTING CAUSE OF DEA		SI self inf	we were feeled	marin	
VIS DEP DEP DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	2 e. PLACE OF INJURY (AT HO. STREET, FACTORY, FARM, ETC.)	ME, 21f. LOCATION	O CITY ON TON		UNTY STATE
WRI ATE	1	AT WORK AT WORK	denne	Curello	Z	100	es MD
R: TI NRW R: P. D, 2		22a Licertify that I took charge of	the remains described above, held	an Autopsy ,	Inspection . Inquiry	and in my op	unian
A STATE A		death resulted fram:Natorol c		Suicide , Homicid			
NRY IN BIRTH		01)	7	TITLE (SPE			//
W. V. W.		ACTUAL SIGNATURE	mustral.	M.D. Depo	MEDICAL EXAM	DATE AINER SIGNE	4/6/81
SEATE STATE		SIGNATURE CALL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M.U.	MEDICAL EXAM	NINER SIGNE	2
A POR CAR	-	(TYPE OR PRINT) & LIA	HARDT	ADDRESS	3 CHESAPEAK	E Aug H	WARDINS MI
TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 SATER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PR	230 5	URIAL, CREMATION, REMOVAL 236. I		ADDRESS F CEMETERY OR CREMATOR			
	0	SPECIFY)	19 16 8 Dal.	+ 11 +	- 1 11 01	ton cour	1TY STAY
BP	24 1	UNERAL DIRECTOR	1. Thor Will	18:1011 144116	B. DATE REC'D. BY REGISTRA	256. REGISTRAR'S S	IGNATURE
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3	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 1 0	9 1 Q 6
		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH D	AY YEAR 2b. HOUR
		JOHN	PRESTON	SCHMITZ SR.	APRIL 30, 1	981 5:20 M
IM	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
		Male	White	March 25,1906	75 YRS.	
# # #2 #2 £	7a. 8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
deot deot		aryland	U.S.A.	WIDOWED DIVORCED		
the fi	10. C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. 	IG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (Ret	12b. KIND OF BUSINESS OR INDUSTRY
by the		LEN BURNIE	NORTH ARUNDE		Pipe Fitter	Ship Yard
hou hou st pe	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
filled hould be	M	aryland Arur		la YES □ NO 🛣	234 Twin Be	ach Rd.
arthir d 2 sh	14. FA		MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
ompletel ond 2		John	T. Schm	itz Mary	1777	Reynolds
n ond co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU E WAR OR DATES!	RITY NO. 17. INFORMANT (Sor	n) ADDRESS Sam	e as # 13
Po e e			I/A 216.07.	6844 Mr. John	F. Schmitz	
hysicic popera noval. ent, the		18 CAUSE OF DEATH (Enter on	ly one cause per line for (6), (b), one	d (c/·)	1	BETWEEN ONSET AND DEATH
phy on po even		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o) P.8	NIS Kratskill	rest	
nding corbin		1629	DUE TO, OR AS A CONSEQUE	ENCE OF	111	111111111111111111111111111111111111111
dep ove fion		Conditions, if any, which	((b) Os	F (PII CF	1000	
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	<i>f</i>	
by cose		underlying couse lost.	(c)			
gned buric buric ury, o	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
t. The or to	亨				Les Autores de les ves	WERE ENVIOLENCE
s bee	FIG	190 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
nsit per ygiene shows	CERTIFICATION	7 a. ACCIDENT WAS UNDERLYING	1 216. TIME OF INJURY	13), HOW IN HIRV OCCUP	YES NO YES	
S S X S C		OR CONTRIBUTING CAUSE OF DEA	LIGHTS ALL MONTHS OF	AY YEAR	KED (ENTER NATURE OF INJURY IN ITEM 18 PAI	KL 1 OK PART 2}
certif vriol-i Aento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED		19 21f LOCATION		
this he by nd M	WED	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		CITY OR TOWN	COUNTY
After os t orke		AT WORK AT WORK				
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RECTC hed for ept. of tem 21		oboven(I) (we) (did) (did no	t) view the body ofter death.		death occurred on the date and hour	
DIREC oched Oppt.		22b. SIGNATURE	- ds	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
by the ERAL DI se detocl Store De ANT: If H		186		PHYSICIAN	DIRECTOR PHYSICIAN	1)1,10/
TO FUNERAL should be deta with the Store		220. PHYSICIAN'S NAME (TYPE O	ID ELLAL	22e. ADDRESS	- Amepolis Blu	d, Glen Born
should be with the S	-	1 / // //				MO 21061
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24 51	JNERAL DIRECTOR A		en Haven Mem. P		
16 30M 2/80 A 15, 4)	[24. FI	NAME 7 C	ADDRESS	Gren Burnie	TE REC'D. BY REGISTRAR 256 GISTR	AR'S IGN/TURE
C. C.		singleton .	Funeral Home	MD. IMAI	0 1001	



16	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	9 1 0 / EST
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		KARL	R.	SCHROEDER	APRIL 8, 1981	8:00 P _M
ge 4 mp) SE	Male	White	5. DATE OF BIRTH MONTH Jan. 8, 1911	6 AGE (IN YEARS LAST BIRTHDAY) 70 yrs YRS	IF UNDER 1 YEAR IF UNDER 24 HRS NONTHS DATS HOURS MIN.
eath. Pa	7n. BI	RTHPLACE (STATE OR FOREIGN Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANTENDED A DISTRIBUTE CON	
by the te	GL	TY OR TOWN OF DEATH EN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY grocery
filled in hould be		Md. A.	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134. CITY OR TOW	YES NO X	7802 Shelbourne	Rd.
ompletely om 2 s s		THER'S NAME Frederick	MIDDLE LAST Shhroed	11-11-11-11-11-11-11-11-11-11-11-11-11-	MIDDLE	LAST
be execu		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES, GI YES W.W.	VE WAR OR DATES)		ADDRESS Schroeder Sam	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificates is gined by the attending phy. Then please remove corbangor into burial, cremation, ar removinjury, ar other traumatic event	NO!	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of cardio		
The low in ition. The low in ition. The hos bee in the hos only shows only it in the hos only in	CERTIFICATION	19a date of operation	6	OPERATION WAS PERFORMED	YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{D} \)
rSICIAN: The ing physician certificate ho uriol-transit p Aentol Hygien	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MONTH D		JRRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
ATTENDING PHY ospital ar offend ECTOR: After this ef far use os the bed far use os the both on the far of Health ond on the mall is marked on the second of	MEC	WHILE NOT WHILE AT WORK 220.1 certify tha (1) this hosp	(AT HOME STREET, FACTORY, OFFICE.	FARM ETC) STREET	, ta	19 tha (1)(we) last r and from the causes stated
TO HOSPITAL OR retained by the h To FUNERAL DIR should be detached with the State Degins of the State Degi		22d PHYSICIANIS NAME (TYPE CHARLES J. WU		ATTENDING PHYSICIAL TREE ADDRESS 784	5 Oakwood Rd.	pm. 8, 198
BP		BURIAL, CREMATION, REMOVAL SPECIFICAL	236. DATE 236 April 10, 1981	NAME OF CEMETERY OR CREMATORY Md. Veterans Cem	crownsville,	county Ithre
DHMH - 16 50M 1/B1 (VRA 15, 4)		orge J. Gonce	+001 Ritchie *RWy	. Balto. Md. AF	PR 1 3 1981	my mediusly

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	Sec.	1. DECEASE

ading physician and campletely filled in by the funeral director corbonpapers. Pages 1 and 2 should be filed within 72 hours of

injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

executed

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

or offending physicion

retained by the hospital

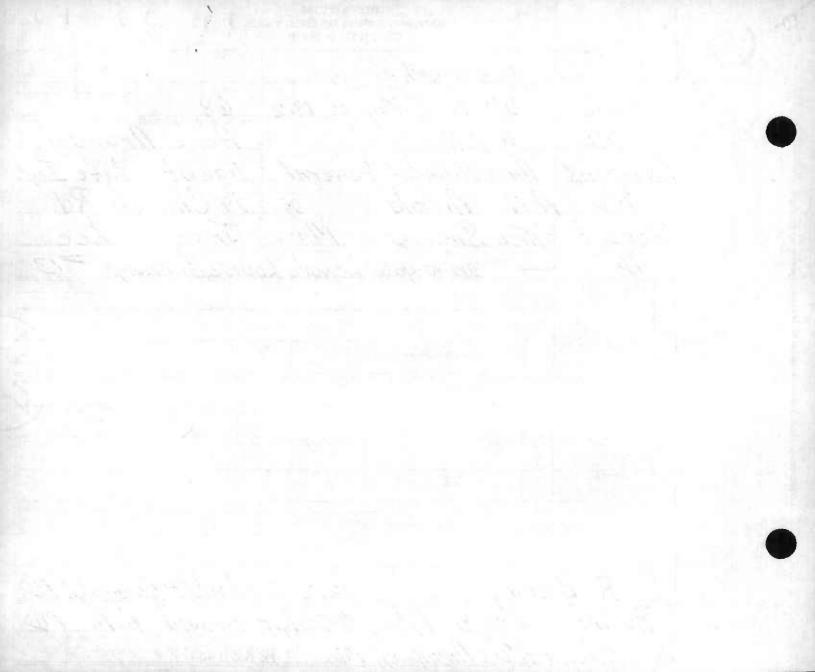
BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0 10				

1 -	REGISTRAR	C	ERTIFICATE OF	DEATH	REG. NO	D.	
	CEASED NAME FIRST WILL	BUR Ellowarth	Simmo	15	20 DATE OF DEATH	MONTH DAY YEAR 4 17 7/	2b. HOUR 40
	Male	white 5.	DATE OF BIRTH DAY 15 WARRIED NEVER	19/12	6. AGE (IN YEARS LAST BIRT	YRS.	
///	Y OR TOWN OF DEATH NNADO A RESIDENCE INVESTIG HOME OR O	N. NAME OF HOSPITAL, NURSING HAR INTO IN SUCH FACILITY, GIVE STREET JOHN OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADM	HOME OF OTHER IN	STITUTION	120. USUAL OCCUPATION (TYPE OF JORK FOR MOST OF		OF BUSINESS OR E TNS.
	TATE MD 13b COLD	A. Hrvok	YES 🗌	NOON	130 STILLET ADDRESS	urch	Rd.
160 V	VAS DECEASED EVER IN U.S. ARM YES, NO SYUNKNOWN) (IF YES, GIVE	ICD SIMMON, ED FORCES? 166 SOCIAL SECURITY WAR OR DATES) 112-10-46	5 /	ANT	JANE ADDRE	SS MANY	ee # 13
z	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.		EOF S CON	FARCTIES		8	OXIMATE INTERVAL IN ONSET AND DEATH LAS
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPI			200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [ES OF DEATH?
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	YEAR 19 211. LOCAT	ION ET	CITY OR TOV	V IN ITEM 18 PART I OR PART 2	STATE
	22e I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) 22h. SIGNATURE	ottended the deceased from view the body after death.	, ond that in (m) DEGREE	ATTENDING	eath occurred on the do	F M	-, that (I) (we) lost he couses stated TE SIGNED
23n P	22d. PHYSICIAN'S NAME ITYPE OR BIELL	PRINT) 123b DATE 23cHAN	22e ADDRE	Cath	edra St	ANNAPO	Is Mi
(SPECIAL DIRECTOR	4/20/81 1/56	ury Mei	hogist	HYNO/	25b REGISTRAR'S SIGN	MD.

DHMH-16 30M 2/80 (VRA 15, 4)



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6	/	FOR STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND ME	NTAL HYG	REG. NO	0 9	1	EST
age of		CEASED NAME FIRST HERBEI		TIN		STMAN	SR.	APRIL 4, 1	981	AY YEAR	26. HOUR 10:40 I
rer de	3. SE	Male	4 RACE		5. DATE O	DAY	YEAR	6 AGE (IN YEARS LAST BIRTH	HDAY) I	FUNDER I YEAR	F UNDER 24 HRS HOURS MIN.
(W)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		an. MARRIE	28, 19	RRIED	9 BALTIMORE CITY OF			
ed the	10 C	Aryland ITY OR TOWN OF DEATH	(# NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A	DDRESS)	R OTHER INSTITU		ANNE ARUND	ON WORKING LIFE)	126 KIND OF	MD. BUSINESS OR
filled in by the ould be filed must be found in the filed that it is not that it		LEN BURNIE AL RESIDENCE (1F NURSING HOME O STATE Md. 13b COU AA	ROTHER INSTITUTION, G	RUNDEL H IVE RESIDENCE BEFORE 3. CITY OR TOWN 1 en Burn	ADMISSION)	136 INSIDE CITY	LIMITS?	Carpent Carpent Carpent Carpent Carpent		Retin	
and 2 share		THER'S NAME FIRST		soistman		YES XX N 15 MOTHER'S M Mar	AIDEN NA		1 Ave	Full	
Poges 1 c	16a V	VAS DECEASED EVER IN U.S. AF		66 SOCIAL SECUR 218-01-	RITY NO.	17 INFORMANT		ADDRES Soistman, w		same	
g physicio on popers emovol. event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per li ED BY: TE CAUSE (o)	ne for (a), (b), and	CH S	Loch	1			BETWEEN O	NATE INTERVAL NSET AND DEATH
ed by the ottendin leose remove corb tol, cremotion, or r or other troumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	as a consequer	10	chemi	· Le	1 deserie		Pung	7 :
signe Then p to bur njury.	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ntributing to D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART I IO	
te hos beer issit permit giene prior shows ony i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH (OPERATION	N WAS PERFORM	ÆD	20e AUTOPSY? YES NO		WERE FINDING ING CAUSES (
S 5 4 8		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		. MONTH DA	Y YEAR	21c. HOW INJU	RY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)	
After this certified on the buriol-to olth and Mental marked or them	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OI (AT HOME STREE	FINJURY T FACTORY OFFICE FA	RM_ETC)	21f LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
CTOR: Ay I for use of of Health		22a I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	4/4	19 6	2/5 1	d that in (my) (or	19	deoth occurred on the dot	e and hour	ond from the c	hot (I) (we) lost ouses stated
e detoched Stote Dept ANT: If her		22b. SIGNATURE	rel ble	m	C	PHY	ENDING (SICIAN [MEDICAL STAFF DIRECTOR PHYSICI.		22c DATE S	184.
should be detained by the Stote		GERARD CHURC						rgreen Rd.	211	46	
TO FUN should b	23a. E	urial, cremation, removal Burial	23b. DATE 8 Apr.			METERY OR CRE	MATORY	234 LOCATION			nd STATE
16 50M 1/B1 A 15, 4)	24 FU	neral director ames S. Kirl	cley, G	len Buri	nie,	Md.	25a DAT	E REC'D. BY REGISTRAR 2			

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	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND M		IENE 8	REG. NO.	9		I 3
		CEASED NAME	FIRST	A	AIDDLE	L	AST		2a. DATE OF D		DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	MARTIN		JOHN	SO	DLTYNSKI	SR		APRIL	8,	1981	2:40A
	3. SEX	Male	4.	RACE Whit	e	Nov.		922	6. AGE (IN YEA 58		MOM	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
)		RITHPLACE (STATEO		U.S.	A.	WIDOWE		ORCED _		ARUNDEL			MD
1	G	LEN BURNI	Е	NORT NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A H ARUNDEI	HOSI		TUTION		CCUPATION OR MOST OF WORKIN	IG LIFE)	INDUSTRY	ributor
2	130/16	anyland	ABL COUNTY		13c. Sity OR TOW	N		ио №		devater	Rd.		21122
0	14. FA	John Ther's NAME	Wal	ter	Soltyns	ki	15. MOTHER'S	IRST		WIDDLE		Dro	zd
		VAS DECEASED EVE ES JOO OR UNKNOWN)	R IN U.S. ARME		214-14-3		Evelyn	A. So	ltunski	Same	as	#13	
		Canditians, if an gave rise ta in cause (a), stat underlying cause	WAS CAUSED E IMMEDIATE (y, which mediate ing the	BY: CAUSE (a) DUE TO, OF	R AS A CONSEQUE	se c	Ny D	Tusu	fficen	57		BLIVIEN	MATE INTERVAL ONSET AND DEATH
5	CERTIFICATION	PART 2. OTHER SIG			DNTRIBUTING TO D				20a AUTOP	SY? 20b. IF	YES, W	VERE FINDING CAUSES	GS USED OF DEATH?
1		210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR		RE OF INJURY IN ITEM	YES [NO 🔲
	MEDICAL	21d. INJURY OCCU	VHILE	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	N		CITY OR TOWN		COUNTY	STATE
				M	enile 219 -	- C /	nd that in (n/y) (s	, 19 <u>SV</u> our) opinion (death accurred	on the date and		nd fram the	
		226. SIGNATURE	Vler	Coc	te,	1-	DEGREE	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	SIGNED
		22d. PHYSICIAN'S N	TYPE OR PE	RINT)	1		22e. ADDRESS		A MOUN	TATN RO	ΔD		

TO FUNERAL DIRECTOR: shauld be detached far with the State Dept. of

MPORTANT: If Item 21 is

DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236. DATE 4/11/1981 SPECIFY Burial 4/11/1981 Cedar Hill Cem
24 FUNERAL DIRECTOR 21122

Mc Cully F.H. Mtn. & Tick Neck Rds., Pasadena, Md.

23c. NAME OF CEMETERY OR CREMATORY

ENA MARYI

23d. LOCATION

Brooklyn

R. Anne Arundel

APR 1 0

APPTS JOSE SOLTYSSICESR APRIL 8; UND 2:40A-0

AMAINO THURSA BANK

Sittle M. Comment of the comment of

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REVITO MARTINES, N. D. PASANCA, MARY NO ELECTION

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Hardesty Funeral Home 12 Ridgely Ave. Ann. Md

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF

CERTIFICATE OF DEATH

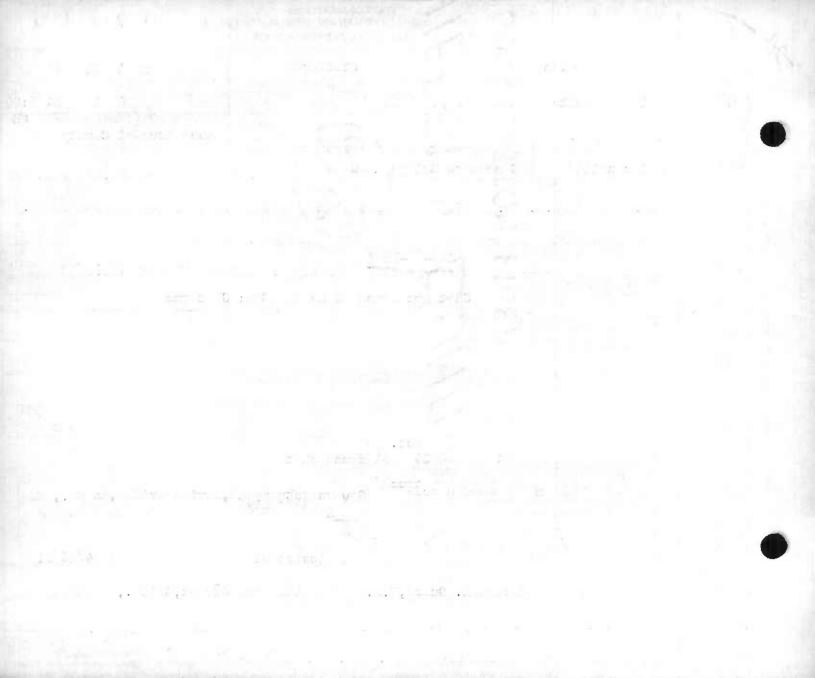
REG. NO

BY REGISTRAR 236. RESISTRAR'S SIGNATURE





	REGISTRAR ECEASED NAME	EIRST		MIDDLE	LAST	TIFICATE		DATE KNOV	EG. NO.	TH DAY	YEAR	26 HOUR
(1)	PE OR PRINT)	Owen		Lee	Staf	f_O rd		OF EST	1	14	19 81	Zb HOUR
3. SE	x nale	white	March	26, 1955 26	YEARS IF UNDER	1 YR. IF UNDE		DATE ONOUNCED DEAD	MONT	15	YEAR 19 81	2d. HOUR 6:00
70. §	SIRTHPLACE (ST OREIGN COUNTRY) ady Side	, Md .	USA	HAT COUNTRY?	8. MARRIED	NEVER MARI	RIED		city or cou runde 1		DEATH	PM
	avidson		II. NAME OF HOS (IF NOT IN SUCH FA	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS Bridge	NE, OR OTHER IN	NSTITUTION	FOR MOS	TOF WORKING LI	N (TYPE OF WOR	0	IND OF BUS	SA
13a	Md ATHER'S NAME	A.A.	CO .	13c. CITY OR TOWN Crownsvi	13d	INSIDE CITY LIMITS? ES NO MOTHER'S MAID	13e STREET	ADDRESS 13 St S	Stepher			
1 160.	George Was DECEASED YES, NO, OR UNKNOW NO	Robert St DEVER IN U.S. ARM WN) (IF YES, GIVE W	ED FORCES?	146 SOCIAL SECUR 211-66-11 214-53-11	97	NFORMANT	L. Bos Staffo	556	Mayo I	Rd. E	Edgewa	ater,N
AL CREMATION, OR REMOVAL.	Candition gave ris cause (o) lying cause	IMMEDIATE s, if ony, which to immediate stoting the under- se lost.	BY: CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	e far (o), (b), and (c).) Shot gun wo R AS A CONSEQUENCE R AS A CONSEQUENCE	E OF		Gun: Sh	ot gun		BET	approximate Iween onset	INTERVAL AND DEATH
CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	ITION FOR WHICH OPE	ERATION WAS P	ERFORMED?					AUTOPSY?	(HO)
1 5		L CALICE WAS	216 TIME O	FINJURY ACT	In. Howe	NILIDY OCCUPE			ITEM 18 PART I OR		120 🚨	
	21d INTURY O	OR G CAUSE OF DE	21e PLACE	OF INJURY (AT HOME.	211 LOCATI	shot	ED TENTER NATO	JRE OF INJURY IN				
RIOR TO BURI	UNDERLYING CONTRIBUTION 21d. INJURY O WHILE AT WORK	OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK y that I took charge	21e PLACE STREET, FAC WOOD	A. 4/14 198 OF INJURY (ATHOME. STORY, FARM. ETCT ruck den area scribed obave, held an	211 LOCATI STREET GOVOT Autopsy X	shot	DeRd D	avidso		apinion	Co., N	STATE MD
BATIMORE, MARYLAND, 21201 PRIOR TO BURI	UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 22a. I certif death resulte ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK y that I took charge of from: Natura	21e PLACE STREET, FAC WOOD of the remains de-	A. 4/14 198 OF INJURY (ATHOME, ITORY, FARM, ETCT TUCK den area scribed obave, held an Accident , S	Autopsy X Suicide X M.D. ADD	shot ON nersBrid HeadOn Inspector Homicide ITLE (SPECIFY) Assistan	Undeterm	Davidso: Inquiry, Ined manner LEXAMINER	and in my DAT SIG	AA (apinion	/16/81	MD



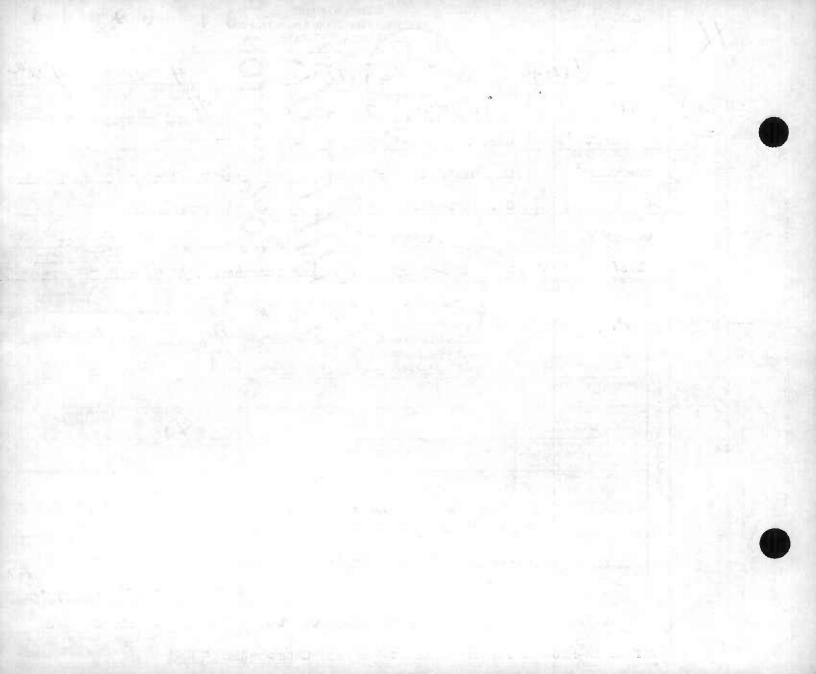
	1-	FOR STATE REGISTRAR	DEPARTMENT	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 9 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
er#ti		EASED NAME FIRST	MIDDLE	Stephens		MONTH DAY YEAR 26. HOUR 4 25 1981 PM					
	. SEX	FW	7 22 08 10	IN YEARS IF UNDER 1 YR. IF UNDI THDAY) MONTHS DAYS HOURS YRS.	MIN PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR 4 25 151 PM					
55	K	entucky	CITIZEN OF WHAT COUNTRY? U.S.A. NAME OF HOSPITAL, NURSING H	8. MARRIED NEVER MAR WIDOWED DIVOR		indel. Co. MD.					
250 F PAGE 180	Do,	L RESIDENCE (IF IN NURSING HOME OR OTH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR WW C ARUNDEL HER INSTITUTION, GIVE RESIDENCE BEFORE A	General. Wasp	FOR MOST OF WORKING LIFE)	OR INDUSTRY Parkedee Road					
2 SHOULD AN RECORD	T. FA	HER'S NAME	heny Pittsbi	YES NO [DEN NAME	PA 15220					
1994 1994 1997 1997 1997 1997 1997 1997	Ind v	AS DEPEASED EVER IN U.S. ARMED I	FORCES TO THE SOCIAL SECTION OF THE SOCIAL S	URITY NO. 17. INFORMANT	PA ADDRESS	MILLER 106 Miami Ave					
18, GME P 5 with FO 11, PAGES DIVISION		No	e couse per line for (a). (b), and (c).	-7217 Mareie	C. Luongo	Annapolis, MI 2140					
EXAMINER ALONG BIAL PANSIT PERM D MENTAL HYGIENE COR REMOVAL		Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	1/ -1 - 1/ -			Dudden					
WATION.	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	(c) RIBUTING TO OEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).						
2	CERTIFICATION	196 DATE OF OPERATION		PERATION WAS PERFORMED?		20 AUTOPSY? YES NO					
FORTO BURIA	CAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		/EAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)					
TATE DEPA	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOA STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE					
N. DIRECTOR. H, WITH THE S MARYLAND, 2		220. I certify that I took charge of the death resulted fram: Natural co	the remains described above, held a puses , Accident ,	Suicide , Inspect Suicide , Homicide TITLE (SPECIFY)	Undetermined manner .	DATE 4.25.8/					
FUNERAL TER DEATH		EXAMINER'S NAME Z-LIN	HARDT	ADDRESS Ofm	ropolis, may	I lin I					
	12	RIAL, CREMATION, REMOVAL 236. D. RECHY NERAL DIRECTOR NERAL DIRECTOR NAME	ATE 28,1981 HILL ADDRESS O	cemetery or crematory rest Cemeter	1/2	RAR'S SIGNATURE					
7/77	a	flor Funeral Ch	apel, Annapol	is, my APR	2 9 1981	halvery					

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1	1-	FOR STATE REGISTRAR			DEPARTA	CERTIF	ICATE OF	MENTAL HYG		REG. N	0.	9		2	0
1		CEASED NAME	FIRST		MIDDLE	l	AST		20 DATE OF		MONTH	DAY	YEAR	2b HOU	JR
			GRAC	IA	E.	SUCK	LING		APR		1, 1	981			N
М	3. SEX	X		4 RACE		5. DATE C		YEAR	6 AGE (INY	EARS LAST BI	RTHDAY)	MONTH	DER I YEAR	IF UNDER	R 24 HRS.
		female		whi		Augu		1892	88		YRS	S			
1		RTHPLACE (STATE O	OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9. BALTIMO	RE CITY C	OR COUN	ITY OF D	EATH	- 14	1
2	P	ennsylvan		U.S	.A.	WIDOWE		OVORCED [Anne	Arui	ndel	Cour	nty	-30	WD
0	1	ITY OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSING STREET	ADDRESS)		STITUTION	126 USUAL (b. KIND C	F BUSIN	ESS OR
0	B:	rooklyn		Home -	203 Hamm	onds	Lane		Homem						
6	13a S	AL RESIDENCE (IF NU STATE Md .	136 COUN		13c. CITY OR TOW Brookly	'N	13d INSIDE	CITY LIMITS?	13e. STREET .	ADDRESS	nde	Tane			
	14 FA	THER'S NAME			,		15 MOTHER	S MAIDEN NA			Mus	Term			
D		Willia	m	MIDDLE	Swisher			FIRST		WIDDIE			Sch	ultz	2
		VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT		ADDR	ESS				
		NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	166 50 7	921	Elean	or Full	er sam	989	13 e		-		
		Canditions, if an gave rise to in couse (o), storunderlying cou	ny, which mmediate ting the use last.	DUE TO, O (b) DUE TO, O (c)	OR AS A CONSEQUE	Su ENCE OF CC 6		Sylvania Term	AINAL DISEAS!	E OR CON	DITION	GIVEN IN	I PART 10		
	NO	MILE IS		-											
2	CERTIFICATION	190 DATE OF OPER	MOITA	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?			RE FINDING		TH?
9		210. ACCIDENT WAS U	CAUSE OF DEA	UN.	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NA		IRY IN ITEM	18 PART 1 C	OR PART 2)		
	MEDICAL	21d. INJURY OCCU	WHILE VORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCAT			CITY OR TO	NWN	C	OUNTY		STATE
		saw the deced	ased alive on	0 10	rafter death.	981,01	nd that in (m)	(aur) opinian	death accurre	d on the d		nour and	22c. DATE	causes st	toted
		Adres	fesos	unt.	NO			PHYSICIAN D					4/1	118	/
1		An. So	SAOL				400	E Rut	chie	14	ay 1	Bal	10-1	ydz	125.

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Alto Rest Cemetery

23d. LOCATION CITY OF TOWN

24 FUNERAL DIRECTOR 21225
George J. Gonce 4001 Ritchie Rewy Balto Md.

Altona. 25a. DATE REC'D. 1981

Pennsylvania

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	ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haus after death. Finds the haspital as attending physician.	AL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the latending
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	D E	OR
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	at OR ATTENDING PHYSICIAN: The letthe haspital or offending physician.	IRE
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	4	d

7		FOR STATE REGISTRAR CEASED NAME FIRST		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	9 1 2 1
(I)	{TYPE		GINA	S.	SZ	MYY	26 DATE OF DEATH MONTH	9 8 1 25 P
2	3. SE	Female	4 RACE 1		S. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN
75		RTHPLACE (STATE OR FOREIGN COUNTRY) Penn ITY OR TOWN OF DEATH	USA	-	8. MARRIE WIDOWE		9 BALTIMORE CITY OR COUNT ANNE ARU	
53	AN	JNAPOLIS .	ANNE F	ARUNDEL	ADDRESS)	IERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LI Stem Maker	FE) INDUSTRY Industrial
67	13a. S	AL RESIDENCE (IF NURSING HOME STATE 19 CO N.J. House	ston Co.	13c. CITY OR TOW		13d INSIDE CITY LIMITS? YES NO IS MOTHER'S MAIDEN NA	13e STREET ADDRESS 208 Quincy Ave	•
01	14 12	Felix Zis	WIDDIE	tAST		Sophie Sophie	Mastowski	LAST
3		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) [IF YES.	ARMED FORCES? GIVE WAR OR DATES)	170-104-		William Szyn	ad, 50 Valintine S	N.J. St., Bloomfield APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
njury, ar ather traumatic	Z	1.1 t.	DUE TO, O	RAS A CONSEQUE RAS A CONSEQUE ONTRIBUTING TO E	ENCE OF	negen Lodic Internation	LINAL DISEASE OR CONDITION GIV	Fys Fys /EN IN PART 110
shaws any in	CERTIFICATION	190. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
21 is marked ar Item 1	CAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER NOTIFY MEDICAL EXAMI) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (this has sow the decased alive obove, (I) (we) (did) (and	DEATH HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F	\	214 LOCATION STREET	CITY OR TOWN	COUNTY STATE 19, that (1) (we) los
MPORTANT: If Hem	23a B	228. SIGNATURE 228. PHYSICIAN'S NAME (TYP Robert BI URIAL CREMATION REMOV.	EORPRINT) e-w, M	0	mo	121 CA+L	MEDICAL STAFF DIRECTOR PHYSICIAN D	
_ [Bu 24 FL	irial UNERAL DIRECTOR Beall Funeral 1	4-23-	rulu	Cu /	EMETERY OR CREMATORY SS Come tory DAT	R 2 1 1981	

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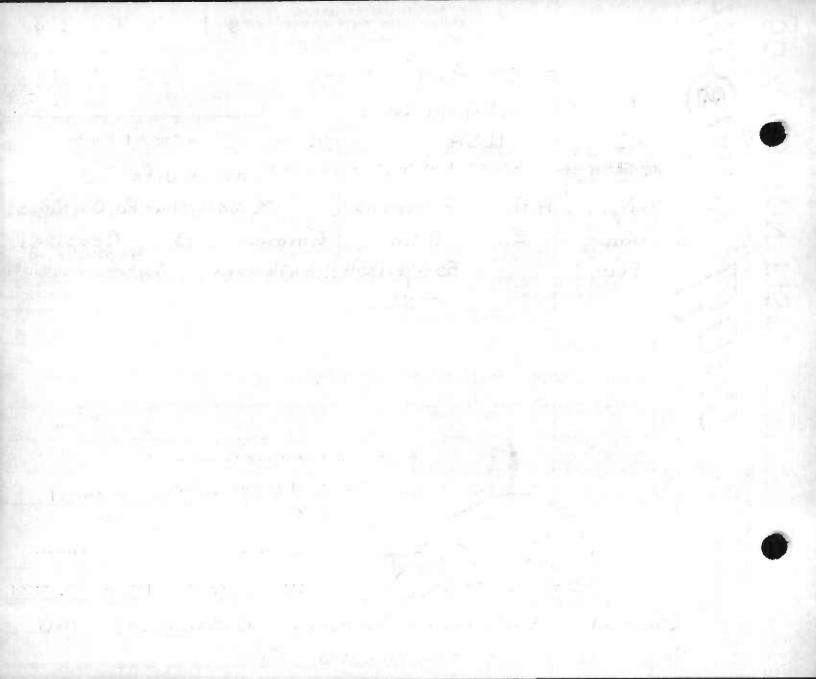
n.d. Houston Co. Learny x 200 -winey Ave. D. T.

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Sarial 4-23-31 Holy goas exators forth withouton, New Jarday

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		1. DE	REGISTRAR CEASED NAME PE OR PRINT)			MIDDLE			LAST	TE OF DE		REG. NO	MONTH		YEAR	26 HOUR
	NA STATE	3 SE)	(1	Marg L	erite	Fini	6. AGE (IN YE	Thom		UNDER 24 HRS.	DEATH 2c DATE	MATED X	4 MONTH	18	1981	M HOUR
		_	male	White	Sept.	29. 1914	LAST BIRTHO	LY) MONTH		DURS MIN.	PRONOU! DE AL	NCED)	4	22	1981	7:00 P·M
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STATE OF MARYLAND

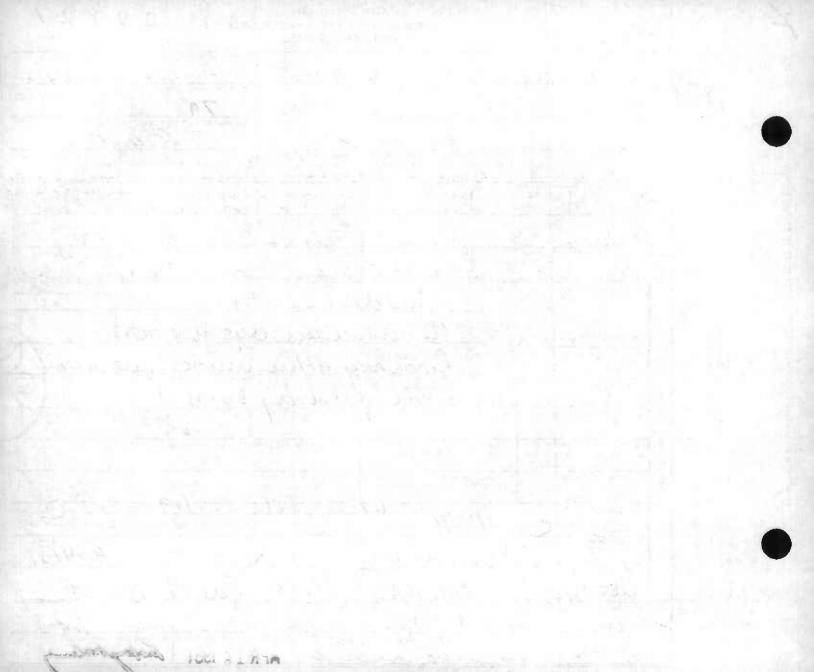
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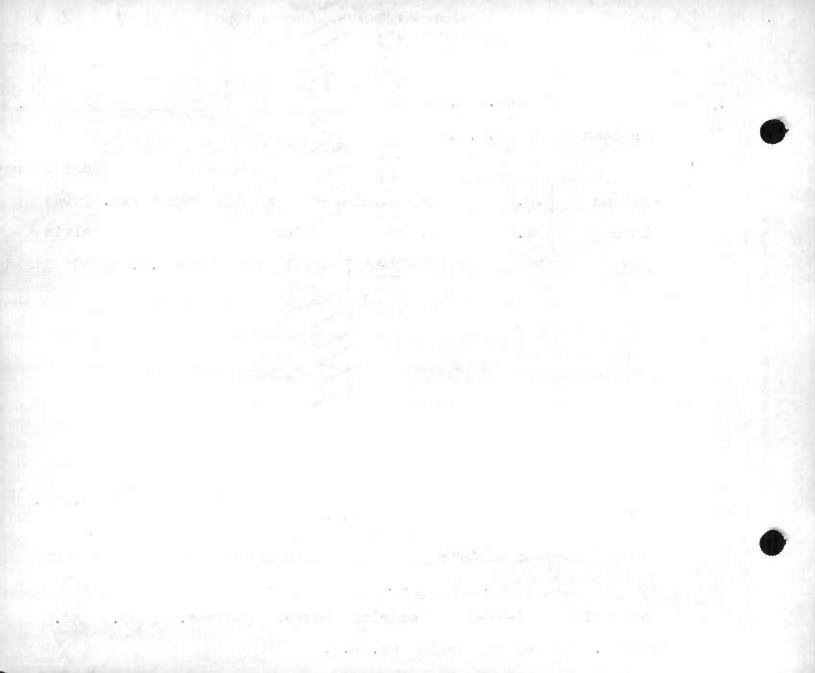
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	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.	9 1 2 8
moy be		EASED NAME FIRST OR PRINT) VINCE	Andrew Vina Sr. April 3 RACE 15. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOUR N 1981 PM IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. Poge 4		Male RTHPLACE (STATE OR FOREIGN 716 OUNTRY)	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NORCED NOR	Y OF DEATH
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ed within 24 h	130. 5	THER'S NAME	A. IS CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO SOLVEYY	Ave.
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so that the death certificate be by the ottending physicia please remove corbangopers uniel, cremotion, or removal.		PART I. DEATH WAS CAUSED MMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	One couse per line for (o), (b), and (c).) BY: CAUSE (o). CEREBRAL TITROMBOSIS DUE TO, OR AS A CONSEQUENCE OF (b). DUE TO, OR AS A CONSEQUENCE OF (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 (JHRS 15 HRS
equir n sign Then to bi	CERTIFICATION	19a. DATE OF OPERATION	YES \(\text{NO} \)	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
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OR ATTENDING OF PROSPITED OF PR		220.1 certify the (1) this hospito sow the day good clive on obove, if we (did) did not). 22b. SIGNATURE	view the body after death. 19 So ond that in (my) (our) opinion death occurred on the date and ha	ur and from the couses stated 27c DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be determent with the Stote MMPORTANT:	23a F	22d. PHYSICIAN'S NAME (TYPE OF Edward) URIAL, CREMATION, REMOVAL	PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	napolis, MD
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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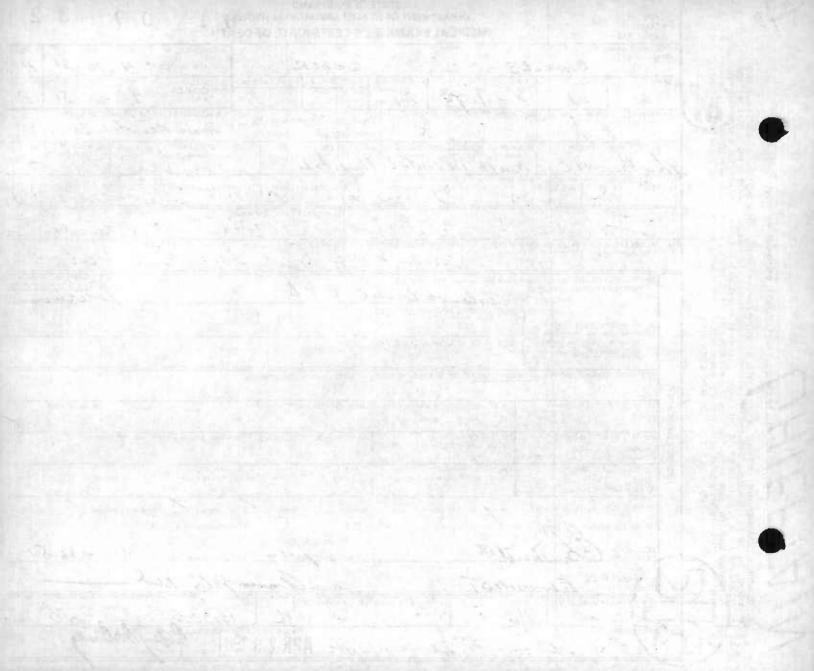
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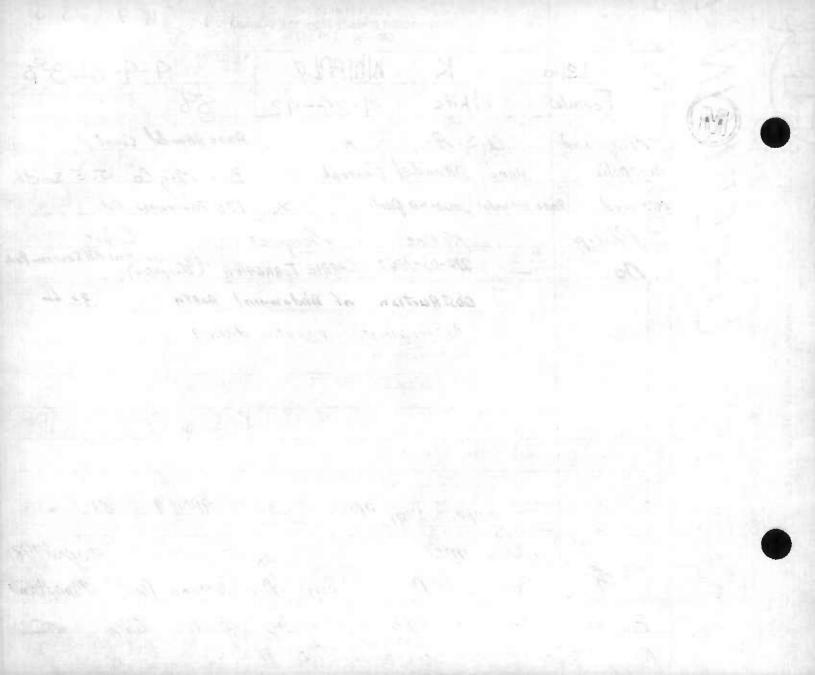
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TIL OF THE PARTY, MAN, CARRY, D.C. 20011

2	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 9 1 3 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
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DEATH. IF ANY DE SES 1, 2, AND 3 TO M PM 3. RETAIN AND 2 SHOULD B SEONAL RECORDS	1	STATE 13b. COI	ME OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION TETTY OR TOWN	YES NO	13e. STREET ADDRESS	ly Fari	us Rd				
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ATE ATE	CALCERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		ONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED LENTER NATURE OF INJURY IN ITEM		ES NO [
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TO MEDICAL EXAMINER: 1 C EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR, PATER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21,	230.1		DUNHARDT	zident , Suici	M.D. ADDRESS ATTERY OR CREMATORY	MEDICAL EXAMINER MEDICAL EXAMINER INCLOCATION CITY OF TOWN	DATE SIGNED COUNTY	26.81				
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ľ	- STATE REGISTRAR				CERTI	FICATE OF DEAT	Н	REG. NO	٥.		
	CEASED NAME	FIRST	= 4	MIDDLE		ŁAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Josep	hine	NMI		Hlang			4/2	- /	5:208
3. SE	X		4 RACE NEGRO		5 DATE	OF BIRTH	EAR	6 AGE (IN YEARS LAST BIRT	(HDAY)	MONTHS DAYS	
W	BIRTHPLACE ISLATE	OR FOREIGN	76 CITIZEN OF		TDV2 II	13 2	3	S & S	YRS	V OF DEATH	
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_	ITY OR TOWN OF	DEATH			WIDOW	OR OTHER INSTITUTION		Anne 1	4runo		OF BUSINESS OR
	nnepolis		Anne 6	enfacility, gives	(Gene	ral Hospi	. ,	(TYPE OF WORK FOR MOST O			
13a M.	ARYLAND	13h COUN		ANNAP		134 INCIDE CITY LIN		131 TYPET WESSE	Stree	et	
14 F	ATHER'S NAME		WIDDLE	THE A WAS I	4	15. MOTHER'S MAIL		E MIDDLE		MATT	AST
	HARRY			EVANS			RTHA			HALL	
160	WAS DECEASED EN	(IF YES, GIV	MED FORCES? E WAR OR DATES)	212-30	0-9933	CLARENCE	EVA	NS 1114 Smi	thvil	Annapo le St.	olis, Md.
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MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A	CAUSE OF DEA	I H		DAY YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART OR PART 2)	
MED	21d INJURY OCC	URRED	21e PLACE (AT HOME ST	OF INJURY REET FACTORY OFF	FICE FARM ETC)	211 LOCATION STREET		CITY OR TO	NN NN	COUNTY	STATE
	22a.l certify that saw the dece above, (1) (we	eosed alive an	ol) attended the	10	(1)	nd that in (my) our	bpinion de	eath occurred on the do	ite and hou	19	, that (1) old los e couses stated
	226. SIGNATORE	in i	10 0	1-la	_ /	DEGREE ATTENE PHYSIC		MEDICAL STAF		224. DAT	27/81
	22d PHYSICIAN'S	AYE AYE	PRINT)	ALL	av	22e ADDRESS	Ca	thedral	57	Ann	an M.D.
	BURIAL, CREMATIC	N, REMOVAL	23b DATE 4-29-1		PINELA	EMETERY OR CREMA		Annapol	s	A contr	Maryland

1981

DHMH - 16 50M 1/81 (VRA 15, 4)

WILLIAM REESE & SONS MORTUARY, P.A.

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STATE OF MARYLAND





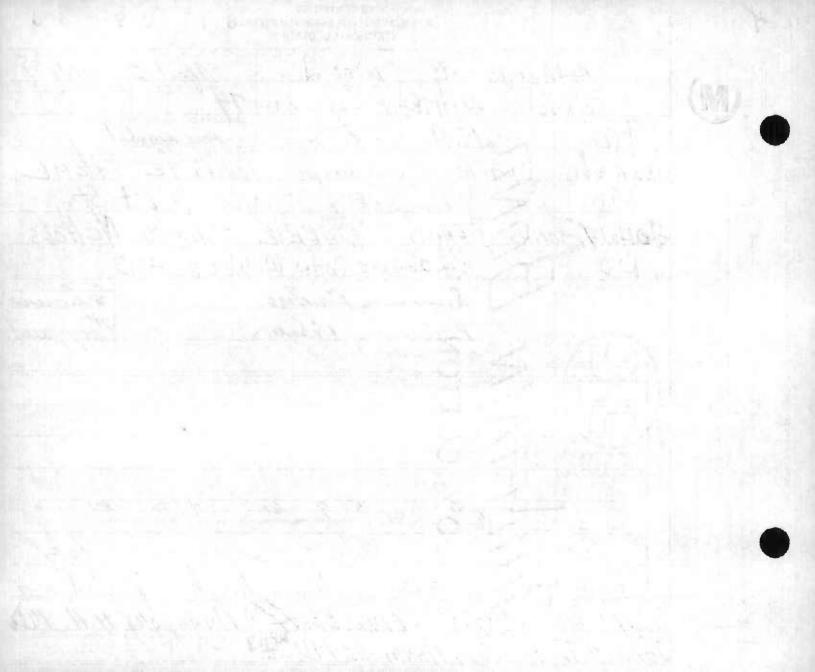


5	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 1 C	9 1 3 6 E.S.T.
(10.00)	1. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
and A DAIL	(TTPE OR PRINT)	RUTH	BROOKS	WILSON	APRIL 13, 19	81 2:30 ^A ·M
G Contract	3. SEX	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Page 4	Female	Blac		4 22 1906	74 YRS	
Pod in dir	BIRTHPLACE STATE	OR FOREIGN 76. CITIZEN OF	WHAT COUNTRY? 8	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
In 72	Maryland		S. A. WIL	OOWED DIVORCED		
the fune d within	10. CITY OR TOWN OF	(IF NOT IN SU	CH FACILITY, GIVE STREET ADDRES	OME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
- 0 00	GLEN BURN	IE NORT	H ARUNDEL HO	DSPITAL	Seamstree	Factory
MARYLAND 2120 ed within 24 hours ond 2 should be fill ecomine must be fi	130 STATE	UST CHEET DE DE HER INSTITUTION		1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRES Mary 1	
LAND 24 h	Maryland		Baltimore	YES NO		Avenue Baltimore
ARYL within	14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME	LAST
MAR v and v v	Douglas		Brooks	Mamie	М.	Hines
BALTIMORE, cote be execut ysicion and coppers. Pages I val.	160 WAS DECEASED EV	ER IN U.S. ARMED FORCES? [JIF YES, GIVE WAR OR DATES]	166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS Bal	to.,Md.21217
FIMO Dona Poor	No		217-05-173	O-A Mrs. James	Lewis 2010 Whitt	ier Avenue
BALTI ate b rsicioi apers. val.	18 CAUSE OF DE	ATH (Enter only one couse pe WAS CAUSED BY:	r line for (a), (b), and (c).	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, 40 of pa	PARTI. DEATE	IMMEDIATE CAUSE (o)	John carci	riong will	ridespread	
he deoth certi he offending p emove corbon motion, or ren	1991	DUE TO, C	OR AS A CONSEQUENCE	OF	etectoses.	WALE BUILDING
deoth ce	Conditions, it o					
	gove rise to cause (a), ste	iting the DUETO.C	R AS A CONSEQUENCE	OF		
that I that I that I described by It create on the property of	underlying co	use lost.				
DS, 201 signed E hen plea to buriol,		GNIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
NG PHYSICIAN: The law requirent other ding physicion. The rhis certificate has been sign os the buriol-transit permit. Then the and Mental Hygiene prior to be arked or frem 18 shows any injury arked or frem 18 shows any injury	190. DATE OF OPE	PATION 19h CONF	OITION FOR WHICH OPE	RATION WAS PERFORMED	20e. AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
REC no. no. no. no. no. no. no. no. no. no.	E IN DAIL OF OR	178. 0014	THORY OR WHICH OF E	CATION WAS TENT OWNED	IN CER	TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
VITAL AN: The hysicior ficote h fronsit p Hygien 18 show	210. ACCIDENT WAS	UNDERLYING [7] 216 TIME (OF INJURY	71c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM I	
DN OF VITAL RI IYSICIAN: The li ding physicion. Is certificate hos buriol-transit pe Mental Hygiene Amental Hygiene rr frem 18 shows		CAUSE OF DEATH HOUR A	.M. MONTH DAY	YEAR	(ENTER NATIONE OF MOTOR PARTIES.	g (400) 200 (400)
SIC ing cert uriol	OR CONTRIBUTING [(IF EITHER, NOTIFY A 21d. INJURY OCC		OF INJURY	19 211, LOCATION		
PHY tendii this he bu	WHILE NO		TREET, FACTORY, OFFICE, FARM, E		CITY OR TOWN	COUNTY STATE
DIVISI (NG Pillor) After the cas the lith and the cas				1/2 01	4/12-	1001
FND olo	220.1 certify that	(I) (this hospital) attended t	ne deceased from	and that in (my) (pur) opinion	death accurred on the date and h	our and from the causes stated
R ATTEN haspital haspital red for use for the fem 21 is	27 SIGNATURE		y after death.	DEGREF		22c, DATE SIGNED
- D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	In Sich Toke	1 000 3	= Wa	ATTENDING	MEDICAL STAFF	(1-13 01
PITAL by th ERAL e deto Store	224 PHYSICIAN'S	NAME (TYPE OR PRINT)	0	PHYSICIAN 220 ADDRESS OF THE	DIRECTOR PHYSICIAN	14-1-01
TO HOSPITAL TO FUNERAL should be det with the State		S J. WU. M.D.		7845 OAKWO	OD ROAD, SUITE 2	04
of short	230 BURIAL, CREMATIC			OF CEMETERY OR CREMATORY	23d. LOCATION	- 22
11/0/ BP	(SPECIFY) Buria		07 761 0	1-1	CITY OR TOWN	COUNTY STATE
701	24 FUNERAL DIRECTOR		Led To	o Md 21216 250 DA	TE REC'D. BY REGISTRAR 25b. REG	GOVARIS SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)	11111		al Home 3034	W. North Ave.A	PR 1 4 1981	mospy of the state of
	THET DET C D.	THE POT LATION			[= 1001]	

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		with a sign			
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9	4	1,	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8	0913	8
			REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO		OUR
	oy be	2.5E	Kathar	yn B,	MOD d	6 AGE (INJERNATION)	2 1981 4 IF UNDER I YEAR IF UNI	55 M
	(M)		Female	WHITE	8 - 23 - 06	74	MONTHS DAYS HOUR	
	1 1 3	5 Ta Bi	RTHPIAG ISTATE ON FOREIGN 76. CT	TIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALFIMORE CITY O	_ / /	MD.
-	1 11 5	3/1		F NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION (SORESS) SEA 4550	170. USUAL OCCUPATION OF WORK FOR MOSEO	17h KIND OF BUSI	NESS OR
MARYLAND 2120	Med in the state of the state o	Ust.	AL RESIDENCE (IF NURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?	134 STREET ADDRESS,	Isct St.	
ARYLAN	desired desire	14	HERS NAME MIODIE	Brass	15 OTHER'S MAIDEN NA	AME MODIE	ne Minuth	7
	dical or	12	VAS DECEASED EVER IN U.S. ARMED F		RITY NO. 17 INFORMANT	ADDRE	55 1/10/17/01	25
BALTIMORE,	te be e	-	B. CAUSE OF DEATH (Enter only one	2/4-26-	SSSS -DHN W	MOOD	APPROXIMATE IN BETWEEN ONSET A	JTERVAL AND DEATH
ST.,	certifica ng phy banasa ramas c event	-	PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAU	USE (0) Respec	Hoy Fallero		840	wes
PRESTON	death otherd dove co arian, a roumat		Conditions, if any, which gave rise to immediate	OUE TO, OR AR A CONSEQUE	recent Fibrasi	5	Maryy	ners
₹	ed by the please tried, critical, cr	17		OUE TO, OR AS A CONSEQUE	NCE OF			
RDS, 201	sign Then to bu	NO	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERA	WINAL DISEASE OR CONE	DITION GIVEN IN PART 1101	13.4
DIVISION OF VITAL RECORDS,	n. nas beer permit. ine prior	CERTIFICATION	19a DATE OF OPERATION 1	96 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSÝ?	20b. IF YES, WERE FINDINGS UP IN CERTIFYING CAUSES OF DE YES NO	EATH?
FVITA	3 PHYSICIAN: The le intending physicion. or this certificate has the buriol-transif per and Amental Hygiene and ar Item 18 shows	7		16. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCUP			
SION O	PHYSICIA trending plant this certif the buriol-trand Americal	MEDICAL	1	P.M. 1e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE F.	19 211 LOCATION STREET	CITY OR TO	an COUNTY	STATE
NIG	Olivo or o or o se as se as se as		WHILE NOT WHILE 22a.l certify that (I) (fine heightal) at	Hended the deceased from	3/9.19.87	/	Z, 19P, that (J	(and lost
4	TTE porto		sow the deceosed olive on above, (I) (and (did act) view 22b. SIGNATURY)	the body after death.	, and that in (my) (opinion DEGREE	deoth occurred on the do	te and hour and from the couses	
	- E - E - E		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	lucas	THE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF		<u> </u>
	C HOSPITAL TO FUNERAL should be de		K. I. Hoch	man rul	> 16 Murray	Ave, Au	rajolis led o	140
	BP	230	SUPAL, CREMATION, REMOVAL 231	4/4/8/ 6	EDAR BAUT	23d LOCATION CHYORTOWN	00/15° P.A.	mD.
	DHMH- 16 30M 2/80 (VRA 15, 4)	24 FI	DERKL DIRECTOR	SOUR PANN	apolis MI) API	JEPREC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE	



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STATE OF MARYLAND

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		OF MARYL		a
DEPARTMENT	OF HE	ALTH AND	MENTAL	HYGIENE

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	1 -	FOR STATE REGISTRAR	DE		ALTH AND MENTAL HYG	REG. NO.	9 1	4
		CEASED NAME FIRST	WIDDIE	.) 1/	ST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	(TYPE	GRPRINT) Kent	Ernest	YDUR	Vman	4-3-8	3/	3:00 PM
	3 SEX	1 0112	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	N	Tale	White	MONTH 2	28 897	84	MONTHS DAYS	HOURS MIN.
ı		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
	40	lorado	W.D. H.	WIDOWE	DIVORCED	Anne Arun	del Co	untymo.
7	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!)	12b KIND C	OF BUSINESS OR
7	CK	DWOSVIlle	Fartield	Aursin	Center	Self Emp.Cook	Own	Rest.
1	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU	DR OTHER INSTITUTION GIVE RESIDENCE INTY 134 CITY O		134 INSIDE CITY LIMITS? YES NO -	13. STREET ADDRESS	thurn	d Pus
	14. EA	THER'S NAME	MICIDLE LA	as a	15. MOTHER'S MAIDEN NA/	ME = DOU	(4)	ù.
1	E	igene I	R You	ınkman	Sarah	W	Ster	venson
	16t: W	AS DECEASED EVER IN U.S. AL		LISECURITY NO.	17 INFORMANT	ADDRESS		remoun
				1-9906A	George M. N	utwell Jr. Ann	apolis Mo	1
		Conditions, if any, which gave the to immediate course to stating the underlying course lost	DUE TO, OR AS A CON	SEQUENCE OF	athero	cleroui		SAZITE (HITEXYA) DeviseT AND DEATH
	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT I	NOT RELATED TO THE TERM	inal disease or condition	GIVEN IN PART 1	a
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED		F YES, WERE FINDIT ERTIFYING CAUSES YES [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			- 11 . 1/	19 , on		to	hour and from the	1
		ME SIGNATURE	1	Pocer	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED WAY
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		Me ADDRESS	0 / C+ 1.	~ M-0	1

BP.

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Cremation

Hardesty Funeral

TO FUNERAL DIRECTOR, After this certificate hos been signi should be detached for use as the buriol-transit permit. Then it with the State Dept. af Health and Mental Hygiene prior ta but MPORTANT: If Hem 21 is marked or Item 18 shows any

etoined by the hospital or attending phys

ADDRESS

23h DATE

04-04-81

Crematory
250 DATE REC'D. APR

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill

Suitland BY REGISTRAR 251

236. LOCATION CITY OR TOWN

STATE

COUNTY

h 23		REGISTRAR CEASED NAME OR PRINTI	FIRST Dr	MIODLE	IFICATE OF DEATH LAST Zartman	REG. NO.	2/8/ 2b. HOU
(M)	3 SEX	M	4 RACE		E OF BIRTH NIH DAY YEAR 12 18 99	6 AGE (IN YEARS LAST RIRTHDAY)	IF UNDER LYEAR IF UNDER MONTHS GAYS HOURS
17E	C	RTHPLACE (STATEORF SUNTRY)	U	WIDO	RIED NEVER MARRIED	Anne Arma	iel
by the filed within	An	napolis	Anna	OF HOSPITAL, NURSING HOM	cent Nursing C	12n USUAL OCCUPATION THE TOTAL OCCUPATION OCTOP	121 KIND OF BUSINE
within 24 hc tely filled in should be fil	13a S	id.	Anne Arun	de Isc City or 1841s	YES NO NO	13a. 5848 ARSHIY I	r.
nted and 2		THER'S NAME	MIDDLE Za	rtman LAST	IS. MOTHER'S MAIDEN NA	WIDDLE	Forry LAST
certificate be exect g physician and cor n papers. Pages 1 ar removal.		AS DECEASED EVER	IN U.S. ARMED FORCE	577-60-6742		rtman Same as	13 а-е
law requires that been signed by th Then please rem ior to burial, crer is any injury, or or	CATION	PART 2 OTHER SIGN	NIFICANT CONDITION MASSIVI	CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTION FOR WHICH OPERAT	CVA 24	2010 AUTOPSY 2016	N GIVEN IN PART I (0) IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES IN NO I
The le has bermit.	<u>=</u>						152 140
ySICIAN: The laphysician. sertificate has bal-transit permit, antal Hygiene prignt if tem 18 shows	CAL CERTIFICAT	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH HOUR	ME OF INJURY R. A.M. MONTH DAY YEA P.M. 1		RED (ENTER NATURE OF INJURY IN ITI	EM 18, PART 1 OR PART 2)
trending physician. After this certificate has to the burial-transit permit in and Mental Hygiene primarked or Item 18 shown	MEDICAL CERTIFI	OR CONTRIBUTING DIFF EITHER, NOTIFY MEDIC	CAUSE OF DEATH AL EXAMINER) RED AT HOME	R A.M. MONTH DAY YEA	9 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITI	county st.
physician. gphysician. his certificate has bringle transit permit Mental Hygiene prident from 18 shows	-	OR CONTRIBUTING INFEITHER, NOTIFY MEDIC 214 INJURY OCCUR WHILE NOT WAT WORK AT WO 220 2 certify that (1)	CAUSE OF DEATH ALE EXAMINER) RED THILE (this hospital) attende ed alive an didl (did not) view he b	P.M. 1: ACE OF INJURY ME, STREET, FACTORY, OFFICE, FARM, ETC!) and the deceased from	211 LOCATION STREET		county st. 19, that (I) for and from the causes sta

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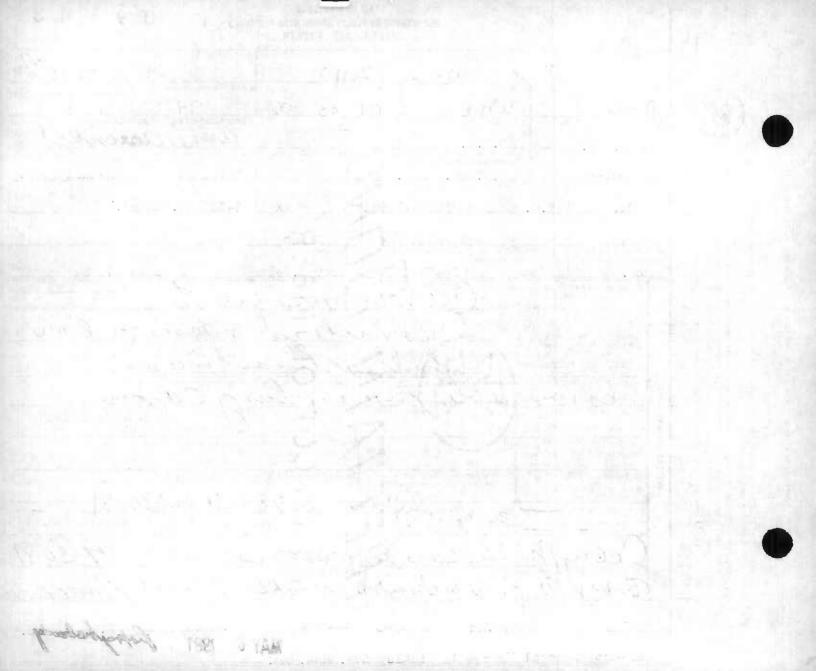
755 MM I 577-10-6742 Svg 5. Larinan Lane and 10 4-9

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10	1.	FOR - STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE REG.	0 9	1	4 3
l		CEASED NAME FIRST		WIDDIE	LA	iT .	20 DATE OF DEATH		Y YEAR	26. HOUR
be be age 3 deoth	{TYP	E OR PRINT)	202		7	OLVA		04 3	18 0	1030/20
de	3. SE		4. RACE	William	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST I	- , 0	UNDERIYEAR	IF UNDER 24 HRS
4 15		hale	1.1		MONTH	DAY YEAR	044	MC	NIHS DAYS	HOURS MIN.
000		IRTHPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	6	63 06	9. BALTIMORE CITY	OR COLINTY O	DE DEATH	
deoth. Page		COUNTRY)				EXNEVER MARRIED	Dec.	OA #	6 6	7-0
- + + T	10 C	Balt Md ITY OR TOWN OF DEATH	U.S.		WIDOWED	OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b. KIND O	F BUSINESS OR
oy the lied will be wi	2		I IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OTTEN IN OTTEN	(TYPE OF WORK FOR MOST		INDUSTRY	
S 5 9 1		nnapolis ALRESIDENCE (IF NURS - I I PAGE)	OR OTHER INSTITUTION	Gen. Hosp	ADMISSIONI		Salesman		Retai.	1 Buss.
6 5 -3	13a.	STATE UI COL	YTAL	13c. CITY OR TOW		34 INSIDE CITY LIMITS?	13e. STREET ADDRESS	5		
LAND nin 24 ly filled should	14.5	Md P.(<u>G.</u>	Mitchel	and the second second	YES NO XX	14301 Mt	.Oak Rd	•	
with with d 2	19. 17	FIRST	MIDDLE	LAST		5. MOTHER'S MAIDEN N	WIDDLE		1A51	T
+ 0 - 1		Samual		elkowitz		Sarah			Block	
MORE,		WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	166. SOCIAL SECU	RITY NO.	7. INFORMANT	ADD	RESS		
TIM be a S. Pa		No. No	one	526-09-3	538	Lucy B.Zel	ko S	ame as	#13 e	
ficate physicial poper naval.		18 CAUSE OF DEATH (Enter of	anly ane cause per	ar (a), (b), and	d (c)		, , 1 +1		BETWEEN	MATE INTERVAL DISET AND DEATH
ST., 8.		PART I. DEATH WAS CAUS	ATE CAUSE (o)	cer	cen	cma	W, 11			
b ce b ce b ce b ce b ce		1/29	DUE TO, OI	R S A QNISEQUE	NCE OF	0.	0 1 2	. 1	0	
PRESTON ne death c emove cort motion, ar		Canditians, if any, which	(b)_	Ses	VI	011700	migus	us V	3 0	mo
the er tr		gove rise to immediate cause (a), stating the	DUE TO, OI	RASPOREOUR	A. A.	in On .				
on W. F		underlying cause last.	(c)	Alm		mide	astine	em		
y, y		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT N	OT RELATED TO THE	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(c))
RDS equi	ō	In Oa	resol	e s	um	an le	ing Ci	ance	1	
RECORDS low requi ss been sig ermit. Ther er prior to k ss ony injur	CERTIFICATION	198. DATE OF OPERATIO	195 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	TOPSY?		WERE FINDIN	
ALR he hos	E					- /	NOD NOD	YES		NO [
VITAL RE VITAL RE INSTITUTE TO THE T	Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME O		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	URY IN ITEM 18 PAR	T I OR PART 2)	
ON OF VI	1	OR CONTRIBUTING CAUSE OF D	CAIN		19					
1 = 0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION			COUNTY	
DIVISIC DING PH or offen this Affer this e os the k ofth ond	2	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITYOR	1 / 2	COUNTY	STATE
B o e o D		220.1 certify that (I) (the hos	entail attended the	e deceased from	Jan	10 7	5 CLA	450,0	8	that (1) (we) last
The Drage 12		sow the deceased olive of	500	97 ref 190	/1	that in (my) (que) opinio	n death accurred of the	dote and hour o		
A S D D = E		obave, (I) ((did) (did)	view the body	effer death.	⚠ DI	GREE	-		22c. DATE S	SIGNED
At OR the h		(won 16	2.1 2/4	1000	1/2.	MO ATTENDING	MEDICAL ST.	AFF	4-	32-01
PITA by by Stori	1	224. PHYSICIAN'S NAME (TYPE	ORBRINTI	25000	sen.	PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	ICIAN [1/3	201/
O HOSPITAL efoined by 1 TO FUNERAL should be de with the Stot	10	HAQUAN	Rich	DO NEN	al had	114 E. P.	hos (to	art	A	11/2
TO HOSPITAL (retoined by the TO FUNERAL Is should be deten with the Store IMPORTANT: If	220 5	BURIAL, CREMATION, REMOVA	1 121 DATE	700 430	AME OF ST	IVITUAL	124 10011011		INN	1/4/2/15/10
. 00		(SPECIFY)	L 236 DATE	230	NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
07030		Burial UNERAL DIRECTOR	15/3/8	1 K	neseth	Israel	Annapo	RI25b.	AIN	Quality .
DHMH-16 30M 2/80 (VRA 15, 4)		NAME		ADDRESS		<i>"</i>	1Y 6 1981	N. 238.	June	
		Hardesty Funera	al Home	# 12 Ride	lev Ar	re Anna Md		1 .553		200



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

8:02A

17h KIND OF BUSINESS OF

Koppers Co.

Gosnell

APPROXIMATE INTERVAL BELWEEN ONSET AND DEATH

IF UNDER 1 YEAR

DHMH-16 30M 2/80 (VRA 15, 4)

- STATE

REGISTRAR

4/24/81 Buria1 Meadowridge Mem. Pk. Balto., Md. 21229 24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Elkridge 250 DATE REC'D. BY REGISTRAR 154 PEG

Howard Co.

COUNTY

22c. DATE SIGNED

STATE

